		FOR
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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

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3	0		- Fred	6	1	0
	REG NO					

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	ECEASED NAME	FIRST		MIDDLE	E.	AST	20. DATE OF DEATH	MONTH	DAY YEAR	26. HOUR
(-11	MO	441	F	5	Co	EN		51	5/81	100
3. SE			4 RACE		5 DATE C		6. AGE (IN YEARS LAST I	IRTHDAY	IF UNDER I YEAR	IF UNDER 24 HRS
J. JL	F		/		MONTH	J DAY / YEAR	7-	I I I I I I I I I I I I I I I I I I I	MONTHS DATS	HOURS MIN.
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7a. B	BIRTHPLACE (STATE OR FO	OREIGN	76. CITIZEN OF	WHAT COUNT	RY? 8	[7]	9 BALTIMORE CITY	OR COUNT	Y OF DEATH	
	COUNTRY					D NEVER MARRIED				
10 0	New York		USZ		WIDOWE		Montgom			M
10. C	ITY OR TOWN OF DEAT	TH		HOSPITAL, NUR THE FACILITY, GIVE ST		OR OTHER INSTITUTION	120 USUAL OCCUPA			F BUSINESS O
R	cockville			ew Home	REET ADDRESS;					
	IAL RESIDENCE (IF NURSIN	NG HOME OR			FORE ADMISSIONS		Secretar	7	Priv	ate
1 3a.	STATE	13b. COUN	1TY	13c. CITY OR T		13d. INSIDE CITY LIMITS	13e.STREET ADDRESS	/ ZIP COD	E 205	952
M	laryland	Mont	gomery	Rockv	ille	YES NO	6121 M	ntros	e Poad	
4. F.	ATHER'S NAME	0.00				15. MOTHER'S MAIDEN		milus	E NUAU	
	FIRST		MIDDLE	LAST		FIRST	WIDDIE		IAS	T
	William	1,000		Serby		Sophie			Brods	kv
	WAS DECEASED EVER I			166 SOCIAL SI	ECURITY NO.	17 INFORMANT	7 + 1 and	RESS		4
-	(YES, NO OR UNKNOWN)	(IF YES GIV	E WAR OR DATES)	E70 0	. 7667				orgia 3	
	no				6 7667	Roger Frie	edman: 581 G	ceenwo	od Ave.	N.E.
	18 CAUSE OF DEATH	1 (Enter an	ly ane cause per	line for (a), (b),	, ond (c)				BETWEEN	MATE INTERVAL
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	Conditions, if any, gave rise to immocause (a), stating	ediate g the	(b)	R AS A CONSE	elose.	CEROTE	HEART PA	SEA	520	YON-
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ATION	gave rise to imme cause (a), stating underlying cause	last.	DUE TO, O	R AS A CONSE	OMENCE OF ELLA I	472	HEALT DO SERMINAL DISEASE OR CO	NDITION GI	8 25 VEN IN PART 110	
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DHMH 16 60M 7/8

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(VRA 15, 4)

Ives-Pearson Funeral Homes, Falls Church, VA



GREEN

(VRA 15, 4)

STATE OF MARYLAND

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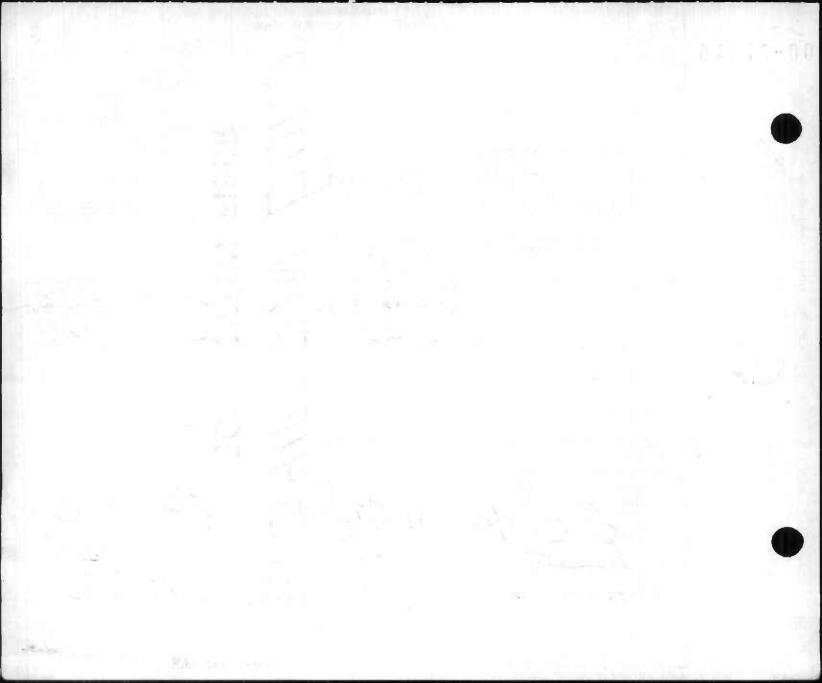
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Š.	S REG NO	1	65mg	-/-	7
	REG NO				

d	FOR STATE REGISTRAR		EALTH AND MENTAL HYG	IENE 8 6	4/92
	1 DECEASED NAME FIRST (TYPE OR PRINT) Leon d	11	AST		7/86 1 PM
	Female	RACE Cauc. 5. DATE C		74 YRS.	MONTHS DAYS HOURS MIN.
	70 BIRTHPLACE (STATE OF FOREIGN COUNTRY) Maryland	76 CITIZEN OF WHAT COUNTRY? 8 MARRIEI WIDOWE	D NEVER MARRIED DIVORCED D	Mon +.	MD.
	SI VEY SPANA	11. NAME OF HOSPITAL, NURSING HOME C (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) 15301 Wallbrook		120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIF Housewife	126 KIND OF BUSINESS OR INDUSTRY
esi	13a. STATE 13b	OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION)	13d INSIDE CITY LIMITS?	13e STREET ADDRESS / ZIP CODE	1 brook Ct. 20906
	Michael	Honick	15. MOTHER'S MAIDEN NA!	MIDDLE	Borden
	160 WAS DECEASED EVER IN U.S. AR (YES, NO OR UNKNOWN) (IF YES, GIV	MED FORCES? 16b. SOCIAL SECURITY NO. 215-38-3021	Andrew F. Con	nn; 2420 Diana Ro	
	PART I. DEATH WAS CAUSE	ily one couse per line for iot, ib), and ici. D BY: TE CAUSE (a) Can drac PCSP.	iratory arr	est	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
	Conditions, if any, which gove rise to immediate couse (a), stating the underlying cause last	DUE TO, OR AS A CONSEQUENCE OF (b) TENMINAL MET DUE TO, OR AS A CONSEQUENCE OF	tastatic lung	CACINOMA	2 years.
		CONDITIONS CONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERM	INAL DISEASE OR CONDITION GIV	EN IN PART 10
	190 DATE OF OPERATION 210 ACCIDENT WAS UNDERLYING	196 CONDITION FOR WHICH OPERATIO	N WAS PERFORMED	IN CERTIF	S, WERE FINDINGS USED YING CAUSES OF DEATH? S NO
	CALLES OF DE L	HOUR A.M. MONTH DAY YEAR	21c HOW INJURY OCCURR	RED (ENTER NATURE OF INJURY IN ITEM 18 P	ART 1 OR PART 2)
	OR COLINEOTING CASE OF DEA	210 PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE FARM, ETC.)	211 LOCATION STREET	CITY OR TOWN	COUNTY STATE
	saw the deceased alive on	all) ottended the deceosed from 19 19 19 or	nd that in (my) our) apinion (death occurred on the date and hou	19 that I (we) ast r and from the couses stated
	226. SIGNATURE MANUE	Chung m.D	BU ATTENDING PHYSICIAN	MEDICAL STAFF DIRECTOR DHYSICIAN	5/17/86
	MARIAN CHU	ING, M.B. / Belaval M.	27. ADDRESS 8.	esmove B)	rd ssmd
	230. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial	5-19-86 King D	emetery or crematory avid Mem.Gd		
	24 FUNERAL DIRECTOR Danzansky-Goldber	Rockville, N rg Chapels; 1170 Rock	Md. 250 DAT ville Md AV A	E REC'D. BY REGISTRAR 256. REGIST	RAR'S SIGNATURE

DHMH - 16 60M 7/B4 (VRA 15, 4)

BP.





	1	FOR Film G	616 i	tem 16b	DEDARTA	STATE OF M.	AND MENTAL HY	HENE			
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		. DECEASED NAME	FIRST		WIDDLE	EAST			ONTH D	AY YEAR	2b HOUR
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5 (15)	0	To. BIRTHPLACE ISTATE OF	FOREIGN	76. CITIZEN OF	WHAT COUNTRY?	8	EVER MARRIED	9. BALTIMORE CITY OR	COUNTY	OF DEATH	
前 验师	7	New Y	ork	U.S	S.A.	WIDOWED	DIVORCED [Montgom	ery		MD.
1 11 /4		IO. CITY OR TOWN OF DE	ATH		HOSPITAL, NURSIN		R INSTITUTION	120 USUAL OCCUPATION			F BUSINESS OR
5 19 4	7	Olney		Mont	gomery (General	Hospita				
24 hour		USUAL RESIDENCE HE NUR 130. STATE MD	13b COUI		130. CITY OR TOW ROCKY	N 13d. IN	SIDE CITY LIMITS?	136 STREET ADDRESS / 1	zip code auer	Dr.2	0853
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The law can.	2	1% DATE OF OPERA	TION	196 COM	NTION FOR WHICH			YES NO	IN CERTIFY YES		
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20 127 9		(IF EITHER NOTIFY MED 21d INJURY OCCUR	RED		OF INJURY REET, FACTORY, OFFICE, F		STREET	CITY OR TOW	N	COUNTY	STATE
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A COUNTY OF THE	8			I view the body	rafter death.	DEGREE		dean accorded on the got	e ond nour	22c. DATE	
PAL OR SALOIR		21	1	Oph	4	DEGREE		MEDICAL STAFF	AN 🗌	5/10/	186
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DHMH - 16 60M 7/84

(VRA 15, 4)

5/13/186 Burial

230 BURIAL, CREMATION, REMOVAL

23c. NAME OF CEMETERY OR CREMATORY

STATE

7'86 Gate of Heaven Silver Spring Montg.
316 E. Diamond Ave. 250 DATE REC'D. BY REGIST A 256 BEGISTRAR'S SIGNATURE Gaithers burg, Md. 2087 Gartner Sandison F. H.

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	CEASED NAME	FIRST	٨	MIDDLE	L	AST	- 1	20. DATE OF DEATH		YEAR	2b. HOL	
(1172	M.	IAE		В.	CORI	NFELD	1.6	May 5, 198	36		23	PM
3 SEX			4 RACE		5. DATE O	DAY YE	AR	& AGE IN YEARS LAST BIRT	HOAY) IF U	NDER I YEAR	IF UNDER	R 24 HRS
/	male		White		Marc	ch 28, 189		89	YRS			
C	OUNTRY)			WHAT COUNTRY?	8. MARRIE	NEVER MARRIE	0 0	9. BALTIMORE CITY OF				
	ennsylva		U.S		WIDOWE			Montgome		unty		MD.
					WORKING LIFET	NDUSTRY HO1		E22 OK				
13a S	il residence (# nursi tate ryland	136 COUN		Potomac		13d. INSIDE CITY LIM YES 🔯 NO [13e STREET ADDRESS / 8925 Cherbo		ive_(2085	4)
JI FA	Solomon		MIDDLE	Baum		15. MOTHER'S MAID Bella	EN NAM	WIDDIE		Garf	ink]	Le
Illo W	AS DECEASED EVER		MED FORCES?	16b. SOCIAL SECUI	RITY NO.	17 INFORMANT		ADDRE	id. 2085		100	
N	VAS DECEASED EVER ES NO OR UNKNOWN)			171-32-2	858	Edward Co	mfe	1d;8925 Che	rbourg	Drive	e;Poi	tomac
STEELS.	18 CAUSE OF DEATH PART I. DEATH W		E CAUSE (a)	R AS ALONSEQUE	we	reclar	Fa	ulul			MATE INTE	
	Canditians, if any, gave rise to imm cause (a), status underlying cause	nediate g the	DUE TO, OF	R AS A CONSEQUE	NCE OF	exerole	Vac	elster Vi	easo	10	ge	2_
NO	PART 2 OTHER SIGN	UFICANT (CONDITIONS CO	ONTRIBUTING TO D	DEATH BUT	NOT RELATED TO TH	IE TERMI	NAL DISEASE OR COND	ITION GIVEN	N PART I	a	
CERTIFICATION	19a DATE OF OPERAT	ION	196 CONDI	TION FOR WHICH	OPERATION	N WAS PERFORMED		20a AUTOPSY?	20b. IF YES, W IN CERTIFYIN YES			TH?
-33	210. ACCIDENT WAS UND	_	21b. TIME O	FINJURY M. MONTH DA	Y YEAR	21c. HOW INJURY	OCCURRI	ED (ENTER NATURE OF INJUR	Y IN ITEM 18 PART I	OR PART 2)		
MEDICAL	(IF EITHER NOTIFY MEDIC	AL EXAMINER	p. P.		19					80.1		1.15
MED	21d. INJURY OCCURR		21e PLACE (OF INJURY REET, FACTORY, OFFICE, FA	ARM ETC)	211 LOCATION STREET		5/	Ven	COUNTY		STATE
	22a.1 certify that (1)				Au	7 19.	3	10 Phos	19_	46	that (l) 3	
13	saw the decease abave, (1) XXX (c	d olive on	ti view the bedy	after death.	1		pinian d	leath occurred an the da	te and hour an			
	274 SYGNATURE	ver	dia	un Los	M	ATTEND PHYSIC	OING VI	MEDICAL STAF		May		986
16	22d. PHYSICIAN'S NA	ME ITHE	a report)	Jus		216 ADDRESS	-	9 13 23	VAIR OF			700_
	EDWAR	D_CO	RNFELD	. M.D.		20428 Ge	rman	town Road;	Germanto	own, 1	Md. 2	0874
23a. 8	URIAL, CREMATION,	REMOVAL			IAME OF C	EMETERY OR CREMA	TORY	23d LOCATION		DUNTY		STATE
Cr	emation		5/6/8		Lee C	rematory		Washing	ton, D.	C.		
	NERAL DIRECTOR D							REC'D. BY REGISTRAR	256 REGISTRAR	'S SIGNAT	URE	
11	70 Rockv	ille	Pike;	Rockvil:	le. N	Id.	MAY	09-00	-		1	100

DHMH - 16 60M 7/84 (VRA 15, 4)

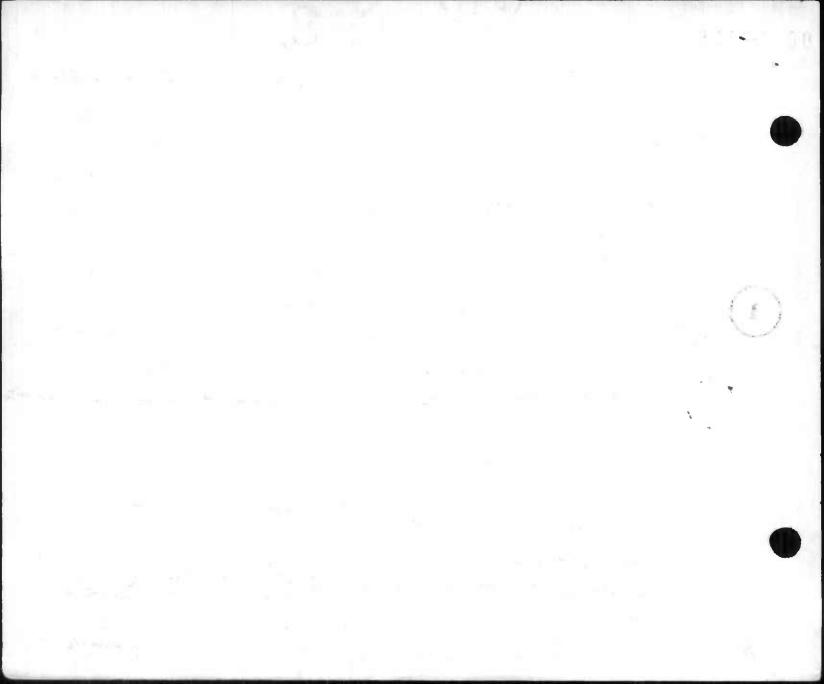
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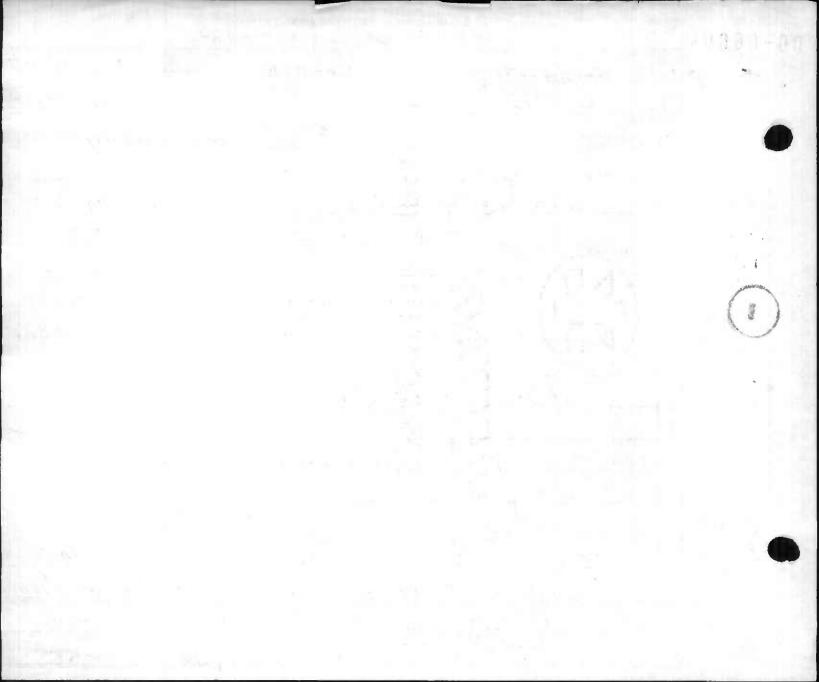
	1-	FOR STATE	DEP		EALTH AND MENTAL HYG ICATE OF DEATH	SIENE 8 6	1 4	19	6
	1 050	REGISTRAR TEASED NAME FIRST	31DQiM		AST	REG. NO.	ONTH DAY YE	10 HOUR	
		OR PRINT!				ZII. DATE OF DEATH		AR 2b. HOUR	. 1
		FRAN			VER	4 .05	5 /2 8	6 3,40	PM
	3. SEX		4. RACE	5 DATE C		6. AGE (IN YEARS LAST BIRTHD			MIN.
		Male.	Caucasian	Dec	. 1 ² 7, 1 ⁶ 07	7.8	YRS.		
7	7a. BIF	RTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WHAT COUN	1 AAA DDIE	NEVER MARRIED	9 BALTIMORE CITY OR	COUNTY OF DEAT	Н	
		shington,DC	United Sta	teswidowe	DI DIVORCED	Montgome		ty	MD.
4		TY OR TOWN OF DEATH	11. NAME OF HOSPITAL, N			12a. USUAL OCCUPATION	ORKING LIFE) INDUS	ND OF BUSINES	SOR
4	F	Rockville	Rockville	Nursin	g Home	Lingty Fr	ist Ne	vspaper	r
5	Ma Ma		other institution, give residence ITY Rock		13d. INSIDE CITY LIMITS?	13e STREET ADDRESS / Z 16625 Killo	pcode deer Dr:	ive/208	855
1		THER'S NAME	MIDDLE LAS	ī	15. MOTHER'S MAIDEN NA	WE		LAST	
Ŀ	C	Charles		ver	Annie	Micott	Baub:	litz	
	16a V	VAS DECEASED EVER IN U.S. AR		SECURITY NO.	17 INFORMANT	ADDRESS			
	(Y	NO OR UNKNOWN) (IF YES, GIV	578 - 0	5-6795	Richard G.	Cover, Sr.	. same a	as #13	
					,			PROXIMATE INTERV	AL
		18 CAUSE OF DEATH (Enter on PART). DEATH WAS CAUSE	D BY	lider	milon	ALLENT	J. J.	ALL OKSET AND D	
		IMMEDIA			9				
		Conditions, if any, which	DUE TO, OR AS A CON	SEQUENCE OF	-		10	Me	
		gave rise to immediate)						
		cause (a), stating the underlying cause last	DUE TO, OR AS A CON	SEOUENCE OF	mens for	notice - C	home		
		PART 2 OTHER SIGNIFICANT O	CONDITIONS CONTRIBUTING		NOT RELATED TO THE TERM			RI Itar	
	Z	Sist Some -	Syndrone,	a diam	Areeles 19	under Dre	mai Bs	an I	a de
	CERTIFICATION	190 DATE OF OPERATION	196 CONDITION FOR W	HICH OPERATIO	N WAS PERFORMED		Oh IF YES, WERE FI		
/	FF					YES I NOT	YES []	JSES OF DEATH	1?
1	ER	21g. ACCIDENT WAS UNDERLYING			21c. HOW INJURY OCCUR	RED (ENTER NATURE OF INJURY II			
20		OR CONTRIBUTING CAUSE OF DEA							
1	MEDICAL	(IF EITHER NOTIFY MEDICAL EXAMINER 21d. INJURY OCCURRED	P.M.	19	211 LOCATION				
	ME		(AT HOME STREET FACTORY, C	OFFICE, FARM ETC)	STREET	CITY OR TOWN	COUN	Y STA	ATE
		AT WORK	h b 1 1 d	200	24	7114	-	(5)	
		220.1 certify that (1) (th)s haspi	foll offended the deceased t	(21)	id that is (my) (our) apinion	death accurred on the date	and hour and trac	the cruses state	e) lost
		saw the deceased alive an above, (1) two fdid (did no 22b. SIGNATURE	ti view the body after death.		DEGREE	ocom occorred on me dore		DATE SIGNED	-
					ATTENDING.	MEDICAL STAFF	Mica		1000
		22d PHYSICIAN'S NAME (TYPE O	et em		PHYSICIAN S	DIRECTOR PHYSICIA	n□ Ma)	7 12, 1	1986
		270 PHYSICIAN S NAME (TYPE C	Z. STUMA	at For	THE ADDRESS	W. MON OR		ANE	
		+ OVOLAS		1-	Rock	VILLE, A	20 SO	SUE	
	23e B	Burial, cremation, removal	236 DATE May 15	23c NAME OF C	EMETERY OR CREMATORY	23d LOCATION	COUNTY	STA .	ATE
			1986′		ncoln Cem.	Brentwood	i, Mary	Land	
	24 FL	JNERAL DIRECTOR Obert	A. Pumphrey	Funera	Homes 250. DAT	E REC'D. BY REGISTRAR 251	RECUSTRARS SM	MATH	1
		0 West Montg	4, ABC	RESS _	110000	TAM J CO MINUSE	CHARLES AND AND	Sec. A. Sec.	

STATE OF MARYLAND

DHMH - 16 50M 4/83 (VRA 15, 4)



FAR-PLANT TO THE PARTY OF TAMES AND THE SHOP OF THE STATE OF THE STATE



07000	STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE DEPARTMENT OF HEALTH AND MENTAL HYGIENE
-07933	1 - STATE REGISTRAR CERTIFICATE OF DEATH REG. NO.
3 25 12	DECEASED NAME FIRST Florence MIDDLE Evans LAST Cramer 20 DATE OF DEATH MONTH DAY YEAR 126 HOUR STORE Florence Evans Cramer MAY 25 86 545
8 2 /	3 SEX 4 RACE 5. DATE OF BIRTH MONTH / DAY / YEAR. 6. AGE (IN YEARS LAST BIRTHDAY) IF UNDER 14 HOURS MITH MONTHS DAYS HOURS MITH
4	FEMALE CAUSIAN MARCIO / 1893 9. BIRTHPLACE (STATE OR FOREIGN COUNTRY) MARRIED NEVER MARRIED NEVER MARRIED MORCED MORCED MORCED NOVERCED NOVERCED NOVER MARRIED NOVER MA
	10 CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION (IF NOT IN SUCH FACILITY, GIVE STREET ADDITION) (IF NOT IN SUCH FACILITY, GIVE STREET ADDITION) (IF NOT IN SUCH FACILITY, GIVE STREET ADDITION) (IF NOT IN SUCH FACILITY GIVE STRE
Street Street	SUAL RESIDENCE (IF NURSING H. NE OR OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION) 130. STATE
of with	4 FATHER'S NAME FIRST MIDDLE LAST FIRST MIDDLE LAST Henry Evans Margaret Morris
Property Property	60 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO. 17 INFORMANT ADDRESS NO 166 SOCIAL SECURITY NO. 17 INFORMANT ADDRESS NO 17 INFORMANT ADDRESS NAME OF C. Ward, 5921 Kirby Rd, Bethesda, MI
trate by property controls for the control of the	18 CAUSE OF DEATH lEnter only one couse per line for (a), (b), and (c) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) INTRAABDOMINAL SEPSIS APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
been find that the please that	COUSE 10), stoting the underlying couse lost. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1:0 19th DATE OF OPERATION 19th CONDITION FOR WHICH OPERATION WAS PERFORMED 20th AUTOPSY? 10th TYPES, WERE FINDINGS USED.
hysean feate M.	5/15/86 PERFORMTED SIGNOID COON YES NO PERFORMTED SIGNOID COON YES NO PERFORMTED SIGNOID COONTIBUTING CAUSE OF DEATH? 210. ACCIDENT WAS UNDERLYING OF INJURY HOUR A.M. MONTH DAY YEAR 210. TIME OF INJURY HOUR A.M. MONTH DAY YEAR
PHYSICAL Hending p His cert the burid and Methor	COUNTY STATE OF CONTRIBED MOTION MEDICAL EXAMINER) P.M. 19 21d INJURY OCCURRED 21e PLACE OF INJURY (AT HOME STREET, FACTORY OFFICE FARM ETC.) STREET CITY OR TOWN COUNTY STATE
TENDING potal or o TOR Ath for use or of Health	226. I certify that (I) (this hospital) attended the deceased from 5/24/, 19-86, to 5/24/, 19-86 that (I) (we) loss with edeceased alive on 5/24/, 19-86, ond that in (my) (aur) opinion death occurred an the date and hour and from the couses stated above, (I) (me) (dial) (did not view the body that he had a stated above, (I) (me) (dial) (did not view the body that he had a stated above, (I) (me) (dial) (did not view the body that he had a stated above, (I) (me) (dial) (did not view the body that he had a stated above, (I) (me) (dial) (did not view the body that he had a stated above, (I) (me) (dial) (did not view the body that he had a stated above, (I) (me) (dial) (did not view the body that he had a stated above, (I) (me) (dial) (did not view the body that he had a stated above, (I) (me) (dial) (did not view the body that he had a stated above, (I) (me) (dial) (did not view the body that he had a stated above, (I) (me) (dial) (did not view the body that he had a stated above, (I) (me) (dial) (did not view the body that he had a stated above, (I) (me) (dial) (did not view the body that he had a stated above (I) (me) (dial) (did not view the body that he had a stated above (I) (me) (dial) (did not view the body that he had a stated above (I) (me) (dial) (did not view the body that he had a stated above (I) (me) (dial) (did not view the body that he had a stated above (I) (me) (dial) (did not view the body that he had a stated above (I) (me) (dial) (
ral Other house and DIRECT detachement onto Dept. VI. If the Inc.	DEGREE ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN STAFF PHYSICIAN
TO HOSPITAL etoined by the TO FUNERAL should be detroited with the Stote IMPORTANT:	722d PHYSICIAN'S NAME (TYPE OR PRINT) 1220 ADDRESS TUVENAL R. GOICOCHEA 8218 WISCONSIN AVE. #106 BETHESDA, MAX
989999	236 BURIAL, CREMATION, REMOVAL 1236. DATE 1236 NAME OF CEMETERY OR CREMATORY 1236 LOCATION CITY OF TOWN WASHINGTON, D.C. STATE
DHMH - 16 60M 7/B4 (VRA 15, 4)	24 FUNERAL DIRECTOR Joseph Gawler's Sons, Inc. 5130 Wisconsin Ave, NW, Washington, D.C. 20016

The magning " The State of the S "and a present the control of the co - Jen - 3 Marian and the Mile of the Control of the Land District the second of Man and the second of the seco upiel (7 4/6 rest made reaction action vollector, c.E. Secondary " Company of the secondary of - STATE

DHMH - 16 60M 7/84

(VRA 15, 4)

IN CERTIFYING CAUSES OF DEATH? COUNTY STATE and that in 1977 (our) apinian death occurred in the date and hour and from the causes stated BRADLEY BOULEVARD Burial 6/2/86 Parklawn Rockville 24. FUNERAL DIRECTOR 11800-N.H.Ave. 250 DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE Lie Devidson-Randalle Hines/Rinaldi F.H.Inc Sil.Spg.Md.

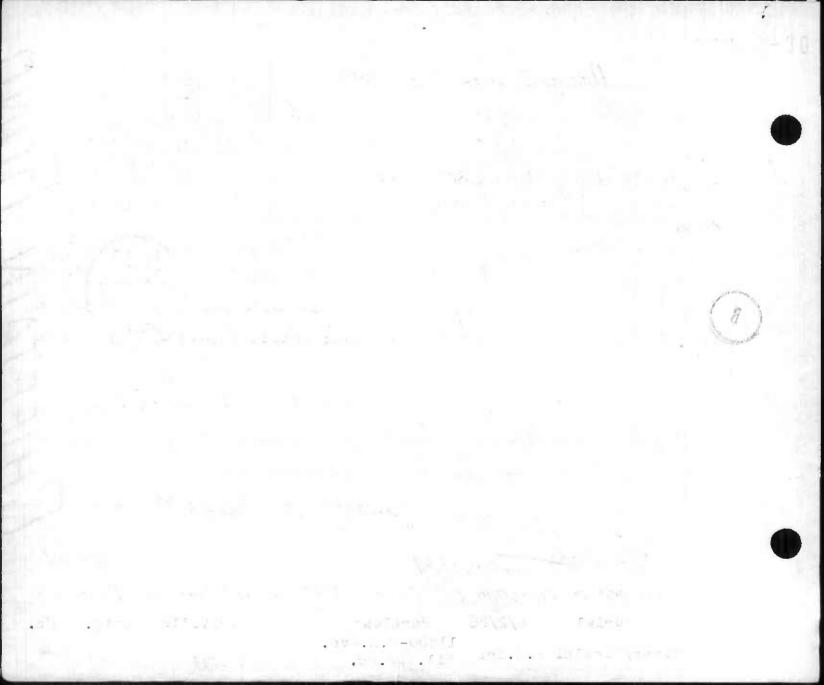
STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

INDUSTRY

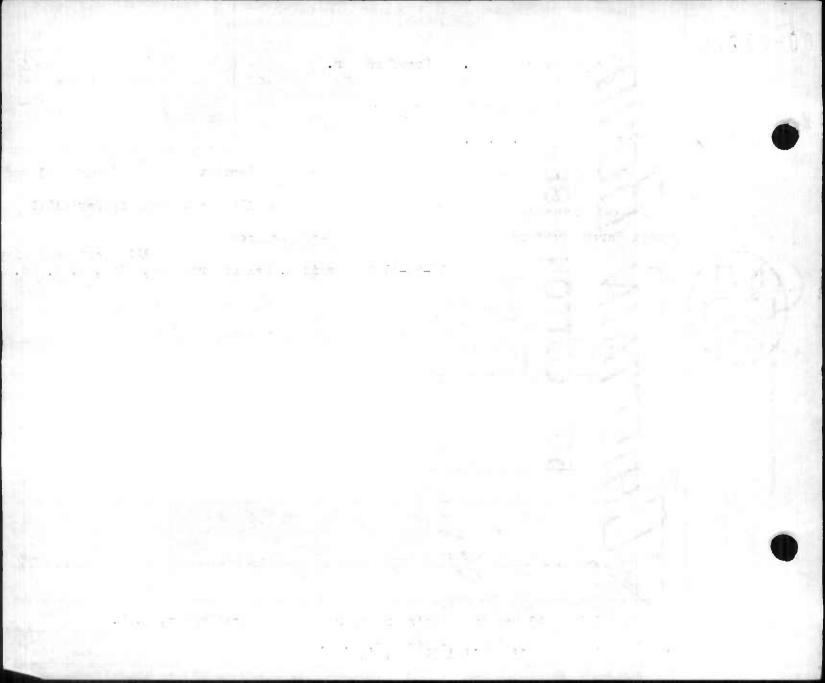
Bower

YES, WERE FINDINGS USED

own home



5		STATE OF MARYLAND	
20	07070	1- STATE DEPARTMENT OF HEALTH AND MENTAL HYGIENE MEDICAL EXAMINER'S CERTIFICATE OF DEATH O	
J U	0/2/0	DECESTED MARKE FIRST MIDDLE LAST 2 DAY COUNTY DR. CO.	The HOUR
	EASE TOR. TURES. TEET,	(TYPE OR PRINT) St Elino W. Crawford Sr. of ESTI DEATH MATED AND 1964	PM PM
6	4. IF ANY DELAY IS NEGSSARY, PLEASE 7. 2 AND 3 TO THE FUNERAL DIRECTOR 7.3. RETAIN PAGE 5 FOR YOUR FILES. 2. SHOULD BE FILED, WITHIN 72 HOURS ALL RECORDS, 201 W. PRESTON STREET,	13/ K MONTH DAY YEAR (ASTABLEDAY) MONTHS DAYS HOURS MIN PRONOUNCED DEAD 12/ 19 FE	61
	NEGES S. FOR WITH	Florida U. S. A. MARRIED DNEVER MARRIED MORORED MONDON DO NO	MD.
	PAGE PAGE STAND	10. CITY OR TOWN OF DEATH II NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION (IF NOT IN SUCH FACILITY GIVE STREET DORESS) The formost of working Life; Self Emp	
21201	AND 3 THE PRINT DE SECORD SECO	USUAL RESIDENCE (IF IN NURSING MOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 130 STATE 130 COUNTY 131 COUNTY 130 STREET ADDRESS 122 East West Highway #12	0
Š.	S 1, 2, 2, 2, 2, 2, 2, 2, 3, 4, 4, 4, 4, 4, 4, 4, 4, 4, 4, 4, 4, 4,	14. PATHER'S NAME FIRST MIDDLE LAST 15. MOTHER'S MAIDEN NAME FIRST MIDDLE LAST	
W.	PASS PASS C	Robert Percy Crawford Pearl Wallace	
OW	VE PAGES 1, VE PAGES 1, VESS 1 AND SION OF VA	160. WAS DECEASED EVER IN U.S. ARMED FORCES? (YES, NO. OR UNKNOWN) [(IF YES, GIVE WAR OR DATES)] 160. SOCIAL SECURITY NO. 17. INFORMANT ADDRESS1220 East Wes	t Hiw
12	7 7 7 7	Yes 578-54-7743 Mamme E. Walker Crawford, Wife, S. S.	Md.
1 4	18. O WIT. P.	18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PARTIDEATH WAS CAUSED BY: APPROXIMATE II BETWEEN ONSET A	NTERVAL AND DEATH
C.	ITEM ITEM IONG PERW GIENE	IMMEDIATE CAUSE (0) TOUR De 101 40 C2 V 212 (1)	
EST	SIT ALC WOV	DUE TO, OR AS A CONSEQUENCE OF	
PREST	D WITHIN PENCIL IN AMINER A AMINER A TRANSIT ENTAL HY	Canditions, il any, which gave rise to immediate (b) Chvanic/Wyaczva) 2 (1)	90,0
RECORDS, 201 W.	ULD BE EXECUTED WITHIN 3" "PENCIL IN ITEM 18, FF MEDICAL EXAMINER ALONG WE FO SA BURIAL TRANSIT PERMIT. HEATH AND MENTAL HYGIENE, DAIL, CREMATION, OR REMOVAL.	cause (a) stating the <u>under-lying cause last.</u> DUE TO, OR AS A CONSEQUENCE OF	
5.2	EXECUTED NG" IN PR ICAL EXAM BURIAL- H AND MEI	PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO OFATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (0)	
0	BE EXE VDING EDICAL S A BU		
REC	OULD E PEN PEN PEN PEN PEN PEN PEN PEN PEN PEN	196. CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY?	-
IAI	CATE SHOULD HE WORD "P THE CHIEF JUD BE USED MENT OF HE TO BURIAL,	VES -	NO PSO
> 7	WO BE	210 EXTERNAL CAUSE WAS 210. TIME OF INJURY 21c HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2)	10 20
NO	SET OUT SET	UNDERLYING OR HOUR A.M. MONTH DAY YEAR CONTRIBUTING CAUSE OF DEATH P.M. 19	
DIVISION OF VITAL	INER: THIS CERTIFICATE SHOUL ICATE, WRITING THE WORD "I E FORWARDED TO THE CHIEF TOR, PAGE 3 SHOULD BE USET THE STATE DEPARTMENT OF HAND, 21201 PROPE TO BURIAL	196 DATE OF OPERATION 196, CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? YES 216 EXTERNAL CAUSE WAS 216. TIME OF INJURY HOUR A.M. MONTH DAY YEAR CONTRIBUTING OR CONTRIBUTING CAUSE OF DEATH P.M. 19 216 INJURY OCCURRED 216 PLACE OF INJURY (ATHOME, STREET, FACTORY, FARM, ETC.) 217 STREET CITY OR TOWN COUNTY	STATE
ā	WRI WRI WRI WARE AGE	WHILE NOT WHILE STREET, FACTORY, FARM, ETC.) STREET CITY OR TOWN COUNTY	JINIE
	ATE, T	220. I certify that I took charge of the remains described above, held an Autopsy . Inspection Inquiry . and in my apinion	
	<pre><pre><pre><pre><pre><pre><pre><pre></pre></pre></pre></pre></pre></pre></pre></pre>	death resulted Iram: Natural causes Accudent . Suicide . Hamicide . Undetermined manner .	
	WITH WAR	TITLE (SPECIFY)	
	HE HE HE	SIGNATURE SIGNATURE SIGNED AND MEDICAL EXAMINER SIGNED 412	1987
	EDIC 1 S A S A S A S A S A S A S A S A S A S	EXAMPLES NAME	8
	TO MEDICAL EXAM EXECUTE THE CERT PAGE 4 SHOULD BAGE 4 SHOULD BAGE A SHOULD BAGE AFTER DEATH, WITH BACTIMORE, MARY	(TYPE OF PRINT)ADDRESS_	
	EDSE49	230. BUILD, CREMATION, REMOVAL 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY CREMATORY Washingt n, D. Cunity State 23c. NAME OF CEMETERY OR CREMATORY Washingt n, D. Cunity Curvey and Control of the Cont	TE
07/8- 25M	4 BP	24 FUNEDAL DIRECTOR	
	DHMH - 17 (VR A15 ME (5))	W. PERNEST JARVIS CO., INC. Washington, D. C.	
	(VK ATO ME (3))	1432 USt NW MAY 20 1890, Gular Devident-Abandelle	



ST	ATE	OF	MARYLAND	
٠.		01	THE PARTY OF THE P	

DEPARTMENT OF HEALTH AND MENTAL HYGI CERTIFICATE OF DEATH

ENE 8 6 I	4	8	0	2
5 MONTH 20	2/8	YEAR 6	2b. HOL	
6. AGE (IN YEARS LAST BIRTHDAY)	UNDE	RIYEAR	IF UNDER	24 HRS
V/ YRS	MONTHS	DAYS	HOURS	MIN.

I DECEASED NAME (TYPE OR PRINT) 3. SEX Male TO BIRTHPLACE (STATE OF FOREIGN Batesville, Va. TO CITY OR TOWN OF DEATH

REGISTRAR

FOR - STATE

death abod

carbanpape

Jafran,

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the burial-transit and Mental Hygie

other

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morked

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Dept.

FUNERAL old be deto

White Th CITIZEN OF WHAT COUNTRY? U.S.A.

MARRIED ENEVER MARRIED WIDOWED 11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION IN SUCH FACILITY, GIVE STREET ADDR

5. DATE OF BIRTH

March 22.

MONTH

170 USUAL OCCUPATION

1905

(TYPE OF WORK FOR MOST OF WORKING LIFE) etired Grocery Store Business

Grecery 17081 Londonderry Towers

INDUSTRY

12b. KIND OF BUSINESS OR

Marvland A FATHER'S NAME James

Rockville.

MIDDLE Weslev 160 WAS DECEASED EVER IN U.S. ARMED FORCES?

18 CAUSE OF DEATH (Enter only one cause per line lar (a), (b), and (c).

lontogomery

4 RACE

Critzer 16h SOCIAL SECURITY NO.

GIVE RESIDENCE BEFORE ADMISSION

Gaithersburg

13c CITY OR TOWN

Clemmy 17 INFORMANT

13d. INSIDE CITY LIMITS?

15 MOTHER'S MAIDEN NAME

YES XX NO

Louise

Critzer

No

(IF YES, GIVE WAR OR DATES) IYES NO OR UNKNOWN)

USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION

FIRST

227-28-7721

Mr. William D. Critzer

BALTIMORE CITY OR COUNTY OF DEATH

IMMEDIATE CAUSE (a Conditions, if any, which

PART I. DEATH WAS CAUSED BY:

Schemic

Discore with Shock

gove rise to immediate cause (a), stating the underlying cause lost.

19a DATE OF OPERATION

DUE TO, OR AS A CONSEQUENCE OF

196 CONDITION FOR WHICH OPERATION WAS PERFORMED

PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110

70a AUTOPSY?

NOF

20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH?

71c. HOW INJURY OCCURRED. (ENTER NATURE OF INJURY IN STEM 18 PART I OR PART 2)

NO F

WHILE

CERTIFICATION

MEDI

710. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 71d INJURY OCCURRED

> NOT WHILE AT WORK

HOUR A.M. MONTH DAY YEAR P.M. 21e. PLACE OF INJURY

(AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.)

21h TIME OF INJURY

ottended the deceased from

19

211. LOCATION STREET

CITY OR TOWN

COUNTY

STATE

Va.

saw the deceased plive an 77h SIMPATURE

220.1 certify that (1) (*

DEGREE

22e ADDRESS

ATTENDING PHYSICIAN

MEDICAL DIRECTOR PHYSICIAN

and that in (my) (am opinion death occurred on the date and hour and from the causes stated

85-

Burial

230 BURIAL CREMATION, REMOVAL

231. NAME OF CEMETERY OR CREMATORY

86

Holy Cross Ch. Cemetery

Batesville Albemarle

BP

DIRECTOR:

74 FUNERAL DIRECTOR

John W. Anderson St. George Ave.

Chozet, Va.

DHMH - 16 50M 4/B2 (VRA 15, 4)

stesville, vs. eoctidi, ... etir - rocar tore merines, seeming resultant onco only extended to compare the compare th ·14887 1550 reinol dele delico comb 127-28-77.1 hr. illimib. Uniter and the long wood in senetary ministrale inclurie

John W. Anderson St., Ceorce 'v . Cozet, . .

1 - STATE

page 3

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

ı	REGISTRAR		CERTIFICATE OF BEATTI	REG. NO.							
1	1. DECEASED NAME FIRST	MIDDLE	LAST	20. DATE OF DEATH MONTH	DAY YEAR 26 HOUR						
		RETTA MAGDELINE C	RONEMEYER	MAY 27 1986	12:45 P						
1	3. SEX	4. RACE	5. DATE OF BIRTH	6. AGE (IN YEARS LAST BIRTHDAY)	IF UNDER 1 YEAR IF UNDER 24 HRS						
4	FEMALE	CAUCASIAN	JUNE 26 1920	65 YRS	MONTHS DATS HOURS MIN.						
1	70. BIRTHPLACE (STATE OR FOREIGN	76. CITIZEN OF WHAT COUNTRY?	8 MARRIED X NEVER MARRIED	9 BALTIMORE CITY OR COUNT	Y OF DEATH						
	NEW YORK	UNITED STATES	WIDOWED DIVORCED	MONTGOMERY	MD.						
1	10. CITY OR TOWN OF DEATH BETHESDA	1). NAME OF HOSPITAL, NURSIN (IF NOT IN SUCH FACILITY, GIVE STREET) NAVAL HOS		12a. USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING HOUSEWIFE	126 KIND OF BUSINESS OR INDUSTRY						
1	13a. STATE 13b COU	or other institution, give residence before inty 13c. CITY OR TOWE ARUNDEL ODENTO	'N 136. INSIDE CITY LIMITS?	13e STREET ADDRESS / ZIP COL 592 CHAPEL GATI							
1	FATHER'S NAME FIRST THOMAS I	MIDDLE LAST		MCCABE	LAST						
	160 WAS DECEASED EVER IN U.S. A. WES. NO OR UNKNOWN) (IF YES, G	RMED FORCES? 166 SOCIAL SECU 1090-14-3	320 BENJAMIN CRO	(HUSBAND) ADDRESS ONEMEYER, 592 CHAI	PEL GATE DRIVE,						
	PART I. DEATH WAS CAUS IMMEDIA Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last. PART 2 OTHER SIGNIFICANT	DUE TO, OR AS A CONSEQUE (b) DUE TO, OR AS A CONSEQUE (c)	L FAILURE	MINAL DISEASE OR CONDITION G	IVEN IN PART Tra						
	190 DATE OF OPERATION 210. ACCIDENT WAS UNDERLYING [196. CONDITION FOR WHICH	OPERATION WAS PERFORMED	IN CERT	ES, WERE FINDINGS USED IFYING CAUSES OF DEATH? YES NO						
0		EATH HOUR A.M. MONTH DA	21c. HOW INJURY OCCUR	RED (ENTER NATURE OF INJURY IN ITEM 18	PARLI ORPART 2)						
	OR CONTRIBUTING CAUSE OF DITTOR OF THE PROPERTY MEDICAL EXAMINED THE CONTRIBUTION OF T	21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, F	21f LOCATION STREET	CITY OR TOWN	COUNTY STATE						
	saw the deceased alive o abave, (1) (we) (did) (did n	22a. I certify that (1) (this hospital) attended the deceased from MARCH 24 19 86, to MAY 27 19 86, that (1) (we) lost saw the deceased alive an MAY 27 19 86, and that in (my) (our) apinian death occurred an the date and haur and Iram the causes stated above, (1) (we) (did) (did not) view the bady after death.									
	FM HU	the up	DEGREE ATTENDING PHYSICIAN	- 28 May 85							
	J. M. GUINEE,			HOSPITAL, NAVAI	L MEDICAL COMMAND THESDA, MD 20814						
	73a. BURIAL, CREMATION, REMOVA (SPECIFY) CREMATION		NAME OF CEMETERY OR CREMATORY TROPOLITAN CREMATO	23d. LOCATION CITY OR TOWN ALEXANDRIA,	COUNTY STATE VTRGTNTA						
	24 FUNERAL DIRECTOR RICH	ARD RAPP, INC., WASHINGTON, D. C.	25a. DA	TE REC'D. BY REGISTRAR 256. REGIS							

DHMH - 16 60M 7/84 (VRA 15, 4)

BP.

MPORTANT:

TO FUNERAL DIRECTOR: After this certificate has been signed by should be detached for use as the burial-transit permit. Then please with the State Dept. of Health and Mental Hygiene priar to burial, cit

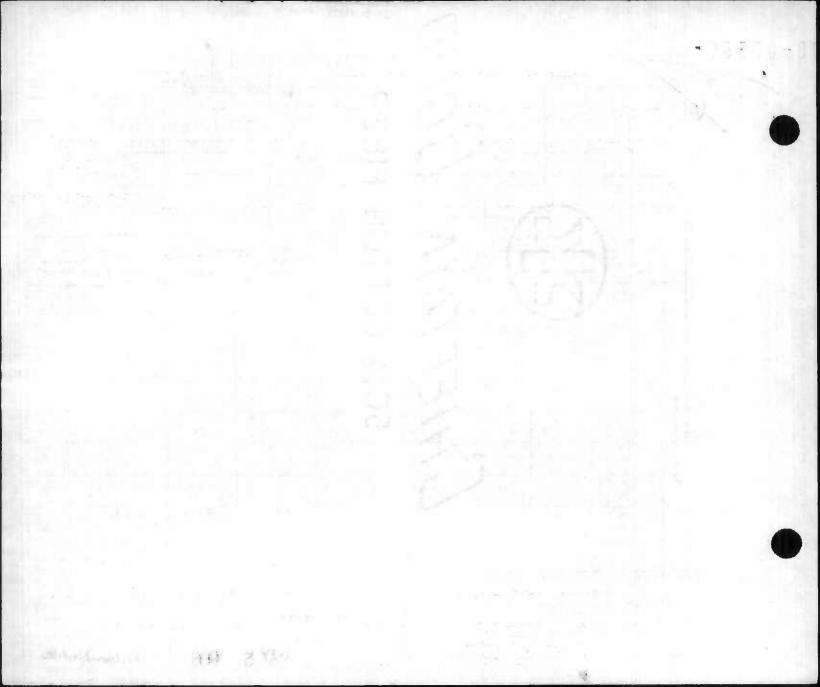
OR ATTENDING PHYSICIAN: The



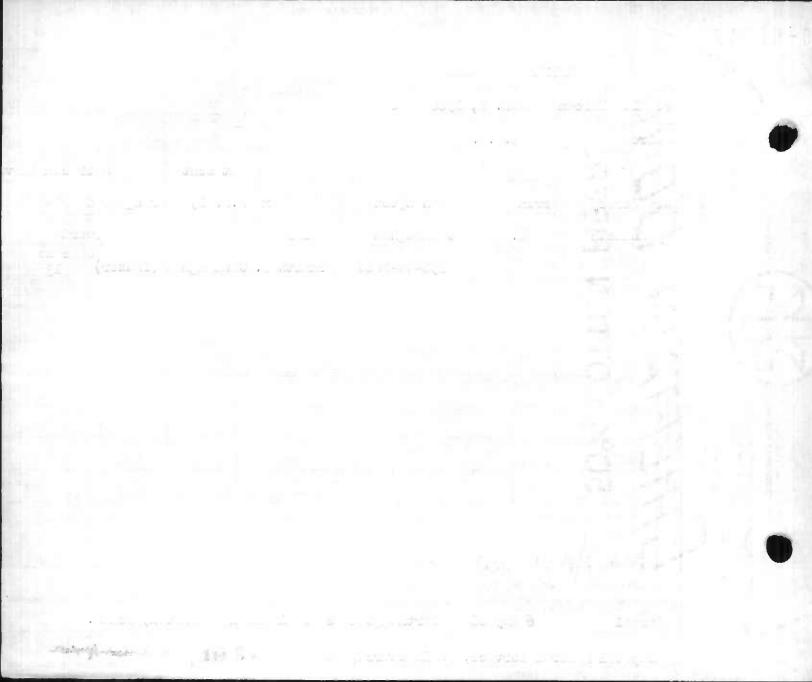
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STATE OF MARYLAND

05500-	1.	FOR STATE REGISTRAR		DEP		EALTH AND MENTAL H	YGIENE 8 6	1	4804
5590-	1.04	FIRST		MIDDLE	i	AST .	20. DATE OF DEATH		YEAR 26 HOUR
33 20	1	Virgi	nia G	rimsley	Edelin	Crum	May	1,1986	12:55a _M
9 1	SE	X	4 RACE		5. DATE C	F BIRTH	6 AGE (IN YEARS LAST)	BIRTHDAY] IF UND	DER 1 YEAR IF UNDER 24 HRS.
D		Female	Cauca		Febr	uary 23,1910	76	YRS	S DATS HOURS MIN.
43	1	California	7b. CITIZEN OF	what cound	MARRIEI	NEVER MARRIED TO NORCED	BALTIMORE CITY Montgome	emi-an-	Maryland MD
Z		ITY OR TOWN OF DEATH	(IF NOT IN SU	HOSPITAL, NU CHEACELITY, GIVE S rite Dr	STREET ADDRESS	R OTHER INSTITUTION	12a USUAL OCCUPA (TYPE OF WORK FOR MOS Secretar	OF WORKING LIFE) IN	kind of Business or Noustry U.S.
20	USU 13a. :	AL RESIDENCE (IF NURSING HOME O	OR OTHER INSTITUTION		BEFORE ADMISSION)	1134 INSIDE CITY LIMITS?		ZIP CODE 55	21 Brite Dri
250	14.F/	ATHER'S NAME	MIDDLE Joble	Edel	in	IS MOTHER'S MAIDEN N			llingsworth
ruges /		No	IVE WAR OR DATES)	217-28		# 53 Hemet	cy Doll 1700 California	South St 92343(Da	ate Street
mit, the		18 CAUSE OF DEATH (Enter of PART I. DEATH WAS CAUS)	only one cause pe ED BY: ATE CAUSE (a)	r line for a), (b)	ACTON	A MULTIFI	SRME	-	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
higher op in Their please in to burnol, cre- njury, or other	NO	couse (o), stating the underlying cause last PART 2 OTHER SIGNIFICANT	(0)	ONTRIBUTING		NOT RELATED TO THE TE	rminal disease or co	ndition given in	PART lia
2000	TIFICATION	19g DATE OF OPERATION	196. COND	DITION FOR WI	HICH OPERATION	N WAS PERFORMED	200 AUTOPSY?	20b. IF YES, WEF IN CERTIFYING YES	RE FINDINGS USED CAUSES OF DEATH?
di lina	CAL CER	2)g. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE	ALIN .		DAY YEAR	21c. HOW INJURY OCCI	URRED (ENTER NATURE OF IN	JURY IN ITEM 18 PART 1 C	OR PART 2)
ked or 1	MEDIC	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK	21e PLACE	OF INJURY REET FACTORY OF		211 LOCATION STREET	CITY OR	TOWN C	OUNTY STATE
of Health		220.1 certify that (I) (this hasp saw the deceased alive ar above, (I) (we) (did) (did no			Offi	d that in (my) (our) opinion	10 0/2		, that (I) (we) last from the causes stated
detached one Dept.		226. SIGNATURE	es mar		20	DEGREE ATTENDING PHYSICIAN		AFF	220. DATE SIGNED May 1, 1986
# the St		22d PHYSICIAN'S NAME TYPE	orprint) Mackin,	M.D		22e ADDRESS 5401 Wester	m Avenue N.		
215		BURIAL, CREMATION, REMOVAL	L 236 DATE		23c NAME OF C	EMETERY OR CREMATOR	23d LOCATION		UNITY STATE
		Cremation	May 1	,1986	Metropo	litan		ria, Virg	
H - 16 60M 7/B4 (VRA 15, 4)	75.	UNERAL DIRECTOR Robert 57 Wisconsin Av	A. Pum venue Be	phreyt thesda,	uneral Marylan	Homes PA 250 D	MAY 5 1986		SIGNATURE



STATE OF MARYLAND



] -	07	93	1/	1-	FOR STATE REGISTRAR	DEPARTN	STATE OF MARYLAND NENT OF HEALTH AND MENTAL HYG CERTIFICATE OF DEATH	REG. NO.	4806
			m -F			CEASED NAME FIRST OR PRINT)	MIDDLE	LAST	20 DATE OF DEATH MONTH	DAY YEAR 26 HOUR
		y be	poge 3	In		Ruth	E.	Darmody	5	20 86 8 A _M
		E	ter o	14	3. SE	(4 RACE	5. DATE OF BIRTH MONTH DAY YEAR	6. AGE (IN YEARS LAST BIRTHDAY)	IF UNDER TYEAR IF UNDER 24 HRS MONTH'S DAYS HOURS MIN.
		ge 4	ecto urs of			Female	Caucasian	9 29 16	69 YRS	
		Poge	l di	471		RTHPLACE (STATE OR FOREIGN	76. CITIZEN OF WHAT COUNTRY?	8. MARRIED NEVER MARRIED	9. BALTIMORE CITY OR COUNT	TY OF DEATH
•		death	in 73	oto		nnsulvania	U.S.A.	WIDOWED DIVORCED	Montgomery	MD.
		ter o	with with	D		TY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURSIN		12a USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING	176 KIND OF BUSINESS OR LIFE) INDUSTRY
-	0	s of	by th	EX.	S	ilver Spring	110 Whitmoor	Terrace	Homemaker	
- 10	ND 212	24 hour	filled in	35	13a. S	STATE 136 COU	or other institution, give residence before UNIY 13c. CITY OR TOW Lacement Silver S	N 13d INSIDE CITY LIMITS?	130 STREET ADDRESS / ZIP COI 110 Whitmoor T	DE errace 20901
5	YIA	thin	2 sh	in a		THER'S NAME	-	15. MOTHER'S MAIDEN NA	WE	
4	A A R	3	pho	E-1)		Ludwia	Schorr	Wihelmina	MIDDLE	Snyder
	KE,	ecute	- CO	00		VAS DECEASED EVER IN U.S. A	RMED FORCES? 166 SOCIAL SECU		Portlands Or	egon 97205
	MOK	Ø	Pog	Bedi	(YES, NO OR UNKNOWN) (IF YES, G	577-09-4	1147 Lawrence J. I	Parmody 2020 S.W	. Main #606
	BALT	ote b	sicio pers.	the the			only one couse per line for 194 (b), one	dient - A		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
400000000000000000000000000000000000000	I W. PRESTON ST.,	that the death certific	by the carbon			PART I. DEATH WAS CAUS IMMEDIA Conditions, if ony, which gove rise to immediate cause (a), stating the underlying cause lost.	DUE TO, OR AS A CONSEQUE		1000	4 months
6	5, 20	Sires	gne burn	o.	7	PART 2 OTHER SIGNIFICANT		DEATH BUT NOT RELATED TO THE TERM	NINAL DISEASE OR CONDITION G	IVEN IN PART TO
-	OKD	reg	en s The	ig	10	(slo	n concer		TORREST TORREST	EC WERE SHIP NO LINES
	AL RECORD	he low	hos be	Jows on	CERTIFICATION	190 DATE OF OPERATION	196. CONDITION FOR WHICH	OPERATION WAS PERFORMED	IN CERT	ES, WERE FINDINGS USED FIFYING CAUSES OF DEATH? YES NO NO
	OF VIT	ICIAN: T	artificate al-transi	00		710. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DI			RED (ENTER NATURE OF INJURY IN ITEM)E	3 PARI 1 OR PARI 7)
	DIVISION OF VITAL	G PHYS	the burn	ked or It	MEDICAL	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK	210 PLACE OF INJURY LATHOME STREET FACTORY, OFFICE, F	21f. LOCATION STREET	CITY OR TOWN	COUNTY STATE
	٥	NON	OR: Aft Use os Health	is morke		22a.1 certify that (1) (this has	spital) attended the deceased from	nod that in (my) (our) opinion	death occurred on the date and he	2, 19 % that (1) (we) lost
		ATTE	of for	1 2 I		sow theodeceased alive	not new the body after death.		death occurred on the date and he	
	U	OR OR	Dep	F Fe		V-000 01	10 -0 -	DEGREE ATTENDING.	MEDICAL STAFF	22c. DATE SIGNED
		ITAL by th	RAL	ž-	-	new 71	ww.	PHYSICIAN 1	MEDICAL STAFF DIRECTOR PHYSICIAN	1 >1-0/26
		HOSP I	FUNE old be	ORTA		PHYSICIAN'S NAME (TYPE	rer mn	-2 15	ara Dr. Whe	aton mo 20900

DHMH - 16 50M 4/83

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(VRA 15, 4)

23c. NAME OF CEMETERY OR CREMATORY

23d LOCATION

Burial May 23,1986 Gate of Heaven Cemetery Silver Spring Montgomery Md.

24 FUNERAL DIRECTOR Francis J. Collins, Jr.

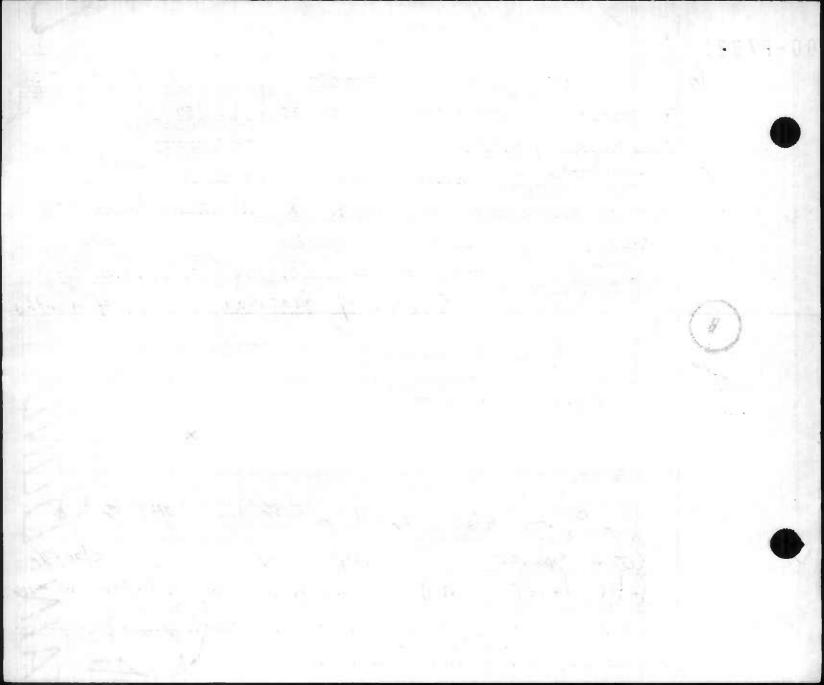
250. DATE REC'D. BY REGISTRAR'S SIGNATURE

250. DATE REC'D. BY REGISTRAR'S SIGNATURE 500 University Blvd. West Silver Spring, Md.

236 DATE

23a BURIAL, CREMATION, REMOVAL (SPECIFY)

MAY 28 1986



	0
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201	0
	-
O HOSPITAL OR ATTENDING PHYSICIAN: The low requires line of the certificate be executed within 24 hours ofter death. Page 4 may be	0
etoined by the hospital or attending physician.	1
TO FUNERAL DIRECTOR: After this certificate has been signed by the property of physician and complete filter may the funeral alrector, page 3	2
should be detoched for use as the buriat-transit permit. Then powerly into the property roges. The property of Median Managements of the death with the State Dept of Health and Mental Hygiene prior to bur all	1
AND DEANIE IS form of the second of the second control of the second of	1

STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE

1-	REGISTRAR		CERTIFICATE OF DEATH 8 REG. NO.											
	CEASED NAME OR PRINT)	FIRST RIC	HARD "	ERNE	Brei	DAVEN	IPORT	20. DATE OF	DEATH	5	12	YEAR 86	26. HOUR	·P,
3 SE	X	4 R	RACE		5 DATE O			& AGE INY	EARS LAST BIRT	THDAY)	MONTHS	RIYEAR	IF UNDER 2	MIN.
/	Male	425	Black		MONTH	12	8EAR			YRS	MONTHS	DATS	Z HOURS	1
In BI	RTHPLACE (STATE OR FO	OREIGN 76.	CITIZEN OF	WHAT COUNTRY?	8 ** A D D (E r	NEVER /	A ADDIED	BALTIMO	RE CITY O	R COUNT	Y OF DE	ATH		
1	GNALLISA	30 K	USY	4	WIDOWE		VORCED	Mo	NTG	SMO.	ERY			M
Si	IVE SPTIN	TH 11.		OSPITAL, NURSING		SPCTA	MOITUTION	120 USUAL OF WORK	K FOR MOST O			KIND O OUSTRY NOI	F BUSINES	SS OR
USU.	AL RESIDENCE (IF NURSI STATE ACYLAND	HOWAR	D	GIVE RESIDENCE BEFORE		13d. INSIDE C	ITY LIMITS?	13e.STREET	ADDRESS.	ZIP COI	TEA	2122 FIE	7 	Df
	RICHARD) 6	DIE D	AVENTPOR	T	CHA	S MAIDEN NAM		MIDDLE		5/	37 1 7	145	
	VAS DECEASED EVER I	IN U.S. ARMEE (IF YES, GIVE WA		NONE	RITY NO.	RICHAR	RD G. DA	AVENPOR	ADDRE				ITEM	1 1:
	18 CAUSE OF DEATH PART I. DEATH W. Conditions, if ony, gove rise to imm couse to, storing underlying couse	AS CAUSED B' IMMEDIATE C which dediate g the	Y: AUSE (a) DUE TO, OF	R AS A CONSEQUE	h / NCE OF tren		Lung Die n	1M	mate	マード	f	BETWEEN	MATE INTERVINSET AND (HIAGO
NO	PART 2 OTHER SIGN	IIFICANT CON	IDITIONS <u>CC</u>	INTRIBUTING TO D	EATH BUT	NOT RELATED	TO THE TERMI	INAL DISEAS	E OR CO	DITION G	IVEN IN	PART 110		
CERTIFICATION	190 DATE OF OPERAT	TION FOR WHICH	dr which operation was performed			IN CERT			YES, WERE FINDINGS USED TIFYING CAUSES OF DEATH? YES NO			H?		
MEDICAL CER	210. ACCIDENT WAS UND OR CONTRIBUTING C (IF EITHER NOTIFY MEDIC	FINJURY M. MONTH DA M.	ONTH DAY YEAR 19			ED (ENTER NA	TURE OF INJUR	RY IN ITEM 18	PART I OR	PART 2}				
	21d INJURY OCCURR	3.0	21e PLACE (OF INJURY BET, FACTORY OFFICE FA	RM ETC)	211 LOCATION STREET			CITY OR TO	WN	co	YINU	12	ATE
	22s. I certify that (I) sow the decease above, (I) (we) (d	d olive on		19	, on		(our) opinio'n' d	leoth occurre	d on the do	ote and ha		rom the		
	226 SIGNATURE GEOV 224 PHYSICIAN'S NA	11	G.	refale	M·	DEGREE 122e ADDRES	ATTENDING PHYSICIAN	MEDICAL DIRECTOR	STAF		27	c. DATE	SIGNED	

BP.

24 FUNERAL DIRECTOR RICHARD RAPP, INC.
1804 T ST.,N.W.,WASHINGTON,D.C. 20009 DHMH - 16 60M 7/84 (VRA 15, 4)

IMPORTANT: If Ifem 21 is mork

· Kefale Georgis 23b. DATE 230. BURIAL, CREMATION REMOVAL CREMATION 5/14/86

231 NAME OF CEMETERY OR CREMATORY METROPOLITAN CREMATORY

236 LOCATION
CITY OF TOWN
ALEXANDRIA,

VIRGINIA

250. DATE REC'D BY REGISTRAR 25h REGISTRAR'S SIGNATURE MAY 19 1986 Aulis Mains

The Land of the second of the

STATE OF MARYLAND

6 REG. NO.	4	3	0	
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# 1		REGISTRAR CEASED NAME FIRST OR PRINT) Chasele	MIDDLE WOLLD	LAST C		REG. N 20 DATE OF DEATH	MONTH DAY	YEAR 26. HOUR 3:33	
To deoth	3. SE	Cush	man Kellogg	Davis S. DATE OF BIRTH		6 AGE (IN YEARS LAST BIF		1986 3:33	
softe	J. J.	Male	White	May 24.	1893	92	YRS	HS DAYS HOURS	MIN
Hour Hour	7a BI	RTHPLACE STATE OR FOREIGN	76 CITIZEN OF WHAT COUNTRY?			9 BALTIMORE CITY C		DEATH	
uthun 72 t		orth Dakota	U.S.A.	WIDOWED D	NORCED	Montgomer		У	٨
filed w	S	ilver Spring	NAME OF HOSPITAL, NURS IN (IF NOT IN SUCH PACILITY, GIVE STREET HOLY Cross Hos	pital	TITUTION	120 USUAL OCCUPAT (TYPE OF WORK FOR MOST O Inspector	OF WORKING LIFE)	2b. KIND OF BUSINES NDUSTRY Grain	5S C
avid be	/13a S	TATE 13b OUI	ROTHER INSTITUTION GIVE RESIDENCE BEFOR NTY 131. CITY OR TOW Louis Co. Dulut	h 13d INSIDE C		1820 Jeff	ZIP CODE erson St	t. 1 55812	2/2
and 2 st	14. FA	THER'S NAME William	N. Davis		s maiden nam lizabeth	n An		Hansen	4
ges 1			RMED FORCES? 166 SOCIAL SECU					oodside Pk	
S. Po			ine 476-05-8	793A Electa	a D. Ney	(Sister)	Silver	Spring, M	
opperson int, t		18 CAUSE OF DEATH (Enter of	nly ane cause per line far (a), (b), an					APPROXIMATE INTERV BETWEEN ONSET AND D	
onp remo			TE CAUSE (a) Cardio	respiratory	Arrest		10	10 minute	S
cark n, ar			DUE TO, OR AS A CONSEQU	ENCE OF					
				A SECTION STATE	anident			h house	
ase remaria		Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause lost.	DUE TO, OR AS A CONSEOU	rovascular Ad	ccident			16 hours	
Then please remander to burial, crematia	NOI	gave rise ta immediate cause (a), stating the underlying cause last.	,0)	ENCE OF		nal disease or con	IDITION GIVEN II		
permit. Then pleo ene prior to buriol pws any injury, ar	THICATION	gave rise ta immediate cause (a), stating the underlying cause last.	DUE TO, OR AS A CONSEOU	ence of <u>Death</u> but not related	D TO THE TERMI	NAL DISEASE OR CON 200. AUTOPSY? YES \(\text{NO.} \) NO. \(\text{X} \)	20b IF YES, WE	IN PART I I I I I I I I I I I I I I I I I I I	H?
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(VRA 15, 4)	5130 Wisconsin Ave.	, NW, Washington, D.C. 20	MAY	16 1986 Julia J	cuidens Bondall

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TO HOSPITAL OF ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours offer death.

STATE OF MARYLAND FOR - STATE

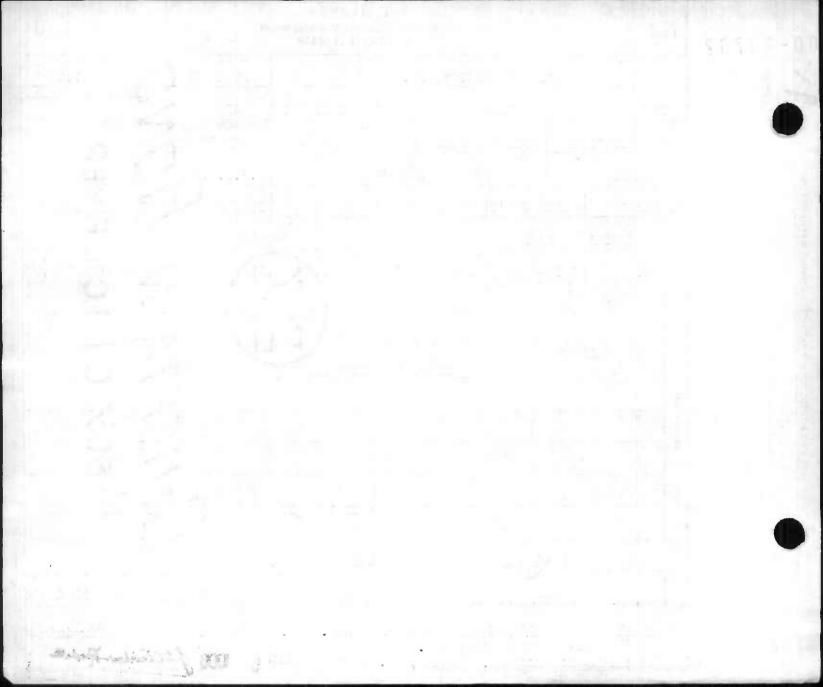
DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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Olin L. Molesworth, P.A., Damascus, Md.

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STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATHO REG. NO REGISTRAR 1. DECEASED NAME 2b HOUR DEANS 2a. DATE KNOWN (TYPE OR PRINT) OF ESTI-XXXXXX DEATH MATED 5/30/ 1986 Butler Randy 3 SEX 4. RACE AGE (IN YEARS IF UNDER I YR. IF UNDER 24 HRS 24 HOUR 8:50 DATE OF BIRTH 2c. DATE MONTH LAST BIRTHDAY) PRONOUNCED DEAD 30/19 86 PM Male YRS Black 86 Th. CITIZEN OF WHAT COUNTRY? 9. BALTIMORE CITY OR COUNTY OF DEATH A BIRTHPLACE (STATE OF MARRIED NEVER MARRIED X FOREIGN COLINTRY Washington, D.C. WIDOWED [DIVORCED Montgomery County, in 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 120. USUAL OCCUPATION (TYPE OF WORK 126 KIND OF BUSINESS OR INDUSTRY FOR MOST OF WORKING LIFE) (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) 2, AND 3 TO 3. RETAIN PA 2 SHOULD BE F Silver Spring None Holy Cross Hospital None USUAL RESIDENCE (# IN 13a. STATE 113h COUNTY 13d. INSIDE CITY LIMITS? 13e STREET ADDRESS 20902 M.D. Montgomery Wheaton YES. NO [15. MOTHER'S MAIDEN NAME 4. FATHER'S NAME GES I. MIDDLE MIDDLE LAST LAST EIRST AND Randolph Veronica Butler DeanS 12232 Center Hill St. Wheaton, Maryland 2090 7. INFORMANT 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO (YES, NO. OR UNKNOWN) PAGES Dessie Richmond No BURIAL - TRANSIT PERMIT. PAG AND MENTAL HYGIENE, DIVISI ATION, OR REMOVAL. None 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY ALONG Sudden Infant Death Syndrome IMMEDIATE CAUSE (a)_ DUFTO, OR AS A CONSEQUENCE OF Canditions, if any, which EXAMINER gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last. 3 SHOULD BE USED AS A BURIAL DEPARTMENT OF HEALTH AND ME RRIOR TO BURIAL, CREMATION, CHIEF MEDICAL PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO CEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART T 🔞 CERTIFICATION 19h CONDITION FOR WHICH OPERATION WAS PERFORMED? 19a DATE OF OPERATION 20 AUTOPSY? CERTIFICATE SHOU "ITING THE WORD " YES XX NO [EXECUTE THE CERTIFICATE, WRITING THE WOR PAGE 4 SHOULD BE FORWARDED TO THE CI TO FUNERAL DIRECTOR, PAGE 3 SHOULD BE AFTER DEATH, WITH THE STATE DEPARTMENT BALTIMORE, MARYLAND, 21201 PRIOR TO BU 71a EXTERNAL CAUSE WAS 21b. TIME OF INJURY 214. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR UNDERLYING OR CONTRIBUTING CAUSE OF DEATH TING IN MEDICAL 21e PLACE OF INJURY (AT HOME, 21d. INJURY OCCURRED 211. LOCATION STREET, FACTORY, FARM, ETC.) STREET STATE CITY OF TOWN COUNTY WHILE NOT WHILE X 22a I certify that I took charge of the remains described above, held an Inspection Autopsy and in my apinian death resulted fram: Accident Hamicide Undetermined manner Natural TITLE (SPECIFY) ACTUAL DATE 5/31/86 Assistant MEDICAL EXAMINER SIGNATURE EXAMINER'S NAME Gregory R. Kauffman, M. D. ADDRESS. 111 Penn St. (TYPE OR PRINT) 136 NAME OF CEMETERY OR CREMATORY 23d. LOCATION 23a BURIAL CREMATION REMOVAL 23b DATE Burial 6/3/86 Harmony Memorial Park Landover Prince George's MD 07/84 24 FUNERAL DIRECTOR ROLLINS FUNERAL HOME, INC. 251. DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE 25M **DHMH - 17** 4339 HUNT PLACE, N.E. (VR A15 ME (5)) WASHINGTON, D.C. 20019

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FOR - STATE

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

	REGISTRAR				REG. N	0.		
ľ	1. DECEASED NAME FIRST	MIDDLE	6.1	AST .	20 DATE OF DEATH	MONTH	DAY YEAR	26 HOUR
l	IREN	E (NMN)	DEC	KMAN	MAY 2	28, 19	86	8:15A M
T	3. SEX	4 RACE	5. DATE O	F BIRTH	6. AGE (IN YEARS LAST BI	RTHDAY)	IF UNDER 1 YEAR	IF UNDER 24 HRS.
1	FEMALE	WHITE	FEB	14, 1943	43	YRS		
/[70. BIRTHPLACE (STATE OF FOREIGN	76 CITIZEN OF WHAT COUN	TRY? 8	NEVER MARRIED	9. BALTIMORE CITY	OR COUNT	Y OF DEATH	
1	New Yorl	U.S.A.	WIDOWE	D DIVORCED	MONTGOMER			MD.
4	10 CITY OR TOWN OF DEATH	 NAME OF HOSPITAL, N (IF NOT IN SUCH FACILITY, GIVE 		R OTHER INSTITUTION	12a USUAL OCCUPAT (TYPE OF WORK FOR MOST)			F BUSINESS OR
1	BETHESDA	THE CLINIC		R, NIH	Nursing H	loward	CoGen'	1 Hosp
1	USUAL RESIDENCE (IF NUR THE E OR 13a STATE	ITY I3t. CITY OR	RTOWN	13d. INSIDE CITY LIMITS?	13e.STREET ADDRESS		-	
4	MARYLAND Howar	rd COLU	MBIA	YES NO	5404 STOR	RM DRI	FT 210	45
4		WIDDLE LAS	51	15. MOTHER'S MAIDEN NAM	MIDDLE		£A5	đ
4		Peter Polito	CECHBITY NO		Johnson ADDR	ECC		
4		E WAR OR DATES)	SECURITY NO.	17 INFORMANT (HUSI	BAND)			_
1	NO	06/-	34-5872	BERNARD M. St	DECKMAN	SAME	AS ABOV	
1	18 CAUSE OF DEATH (Enter and PART I. DEATH WAS CAUSE)	D BY					One w	MATE INTERVAL ONSET AND DEATH
1	IMMEDIAT	E CAUSE (a) Seps	IS				OHE W	CCK
		DUE TO, OR AS A CONS	SEQUENCE OF	fferentiated 1	1 rrmnh oma			
1	Conditions, if any, which gave rise to immediate	(p) DILL	use unai	rrerentiated .	Гушрпоша			
1	cause (a), stating the underlying cause last	DUE TO, OR AS A CON	SEQUENCE OF					
		(c)						
ı	PART 2 OTHER SIGNIFICANT C	CONDITIONS CONTRIBUTING	G TO DEATH BUT	NOT RELATED TO THE TERMI	IN AL DISEASE OR CON	IDITION GI	VEN IN PART TO	3
┨	190 DATE OF OPERATION	19b. CONDITION FOR W	HICH OPERATION	N WAS PERFORMED	20a AUTOPSY?	20b. IF YE	S, WERE FINDIN	NGS USED
1	19a. DATE OF OPERATION 21a. ACCIDENT WAS UNDERLYING				YEXT NO		IFYING CAUSES	OF DEATH?
1	210. ACCIDENT WAS UNDERLYING			21c. HOW INJURY OCCURR			-	
	OR COLUMNIC CALIFF OF DEA		H DAY YEAR					
1	(IF EITHER, NOTIFY MEDICAL EXAMINER 21d. INJURY OCCURRED	21e. PLACE OF INJURY		21E LOCATION				
1	WHILE NOT WHILE AT WORK	LAT HOME, STREET, FACTORY, O	OFFICE, FARM, ETC)	STREET	CITY OR TO	OWN	COUNTY	STATE
	220.1 certify that (by this haspit	tal) attended the deceased f	rom Apri	1 11, 19 86	toMAY 28	3	19-86	that (IXIwe) last
1	saw the deceased alive an	MAY 28.		d that in X ny) (aur) apınian d	leath accurred on the d	ate and ho	00	
1	above, \$ (we) (did) (dis 55)	view the body after death	1	DEGREE	WIND IN		22c. DATE	SIGNED
,	100	uu		ATTENDING PHYSICIAN	MEDICAL STA	FF		
1	22d PHYSICIAN'S NAME (TYPE O	PPRINT)	1		NAL INSTITU		F HEALT	'H
	LA	SoTNI INOI	mon	CLINICAL CE	NTER, BETHE	ESDA,	MARYLAN	D 20894
1	23a. BURIAL, CREMATION, REMOVAL	236. DATE		METERY OR CREMATORY	23d. LOCATION			
	(SPECIFY) Burial	May 31'86	St John		Ellicott	City	Howard	Maryland
1	24 FUNERAL DIRECTOR Harry	H Witzke & Far	mily Fun	eral Home 25IACE	REC'D. BY REGISTRAR	256. REGIS	TRAR'S SIGNAT	UPS J. 02
	Inc 4112 Old Col	ADD	RESS -	0.0	UN 2 1986	Juli	Davidson	Marken

DHMH - 16 60M 7/84

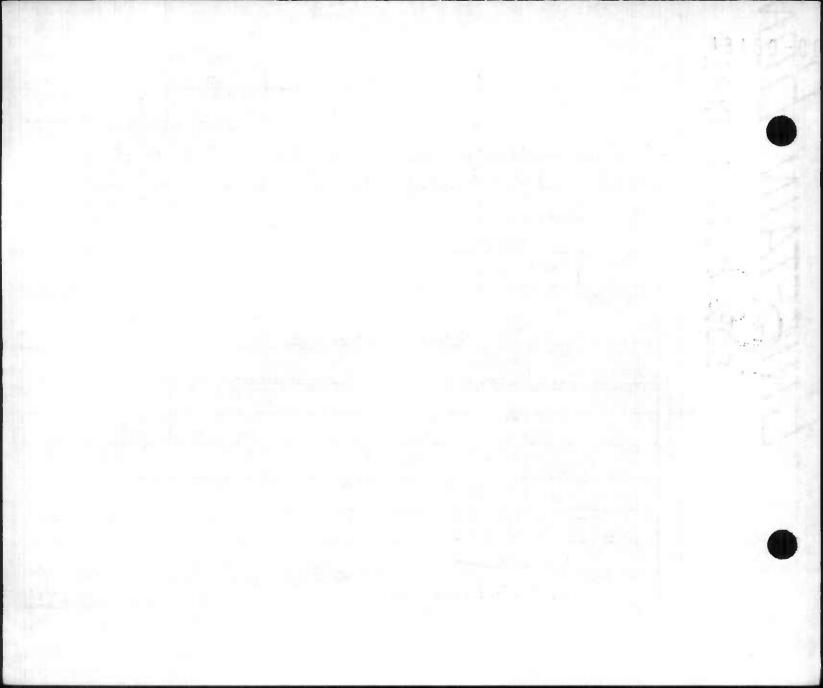
TO FUNERAL DIRECTOR: After this certificate has been signed by should be detached for use as the burial-transit permit. Then please with the State Dept. of Health and Mental Hygiene prior to burial, or

marked or them 18 shaws ony injury, or ath

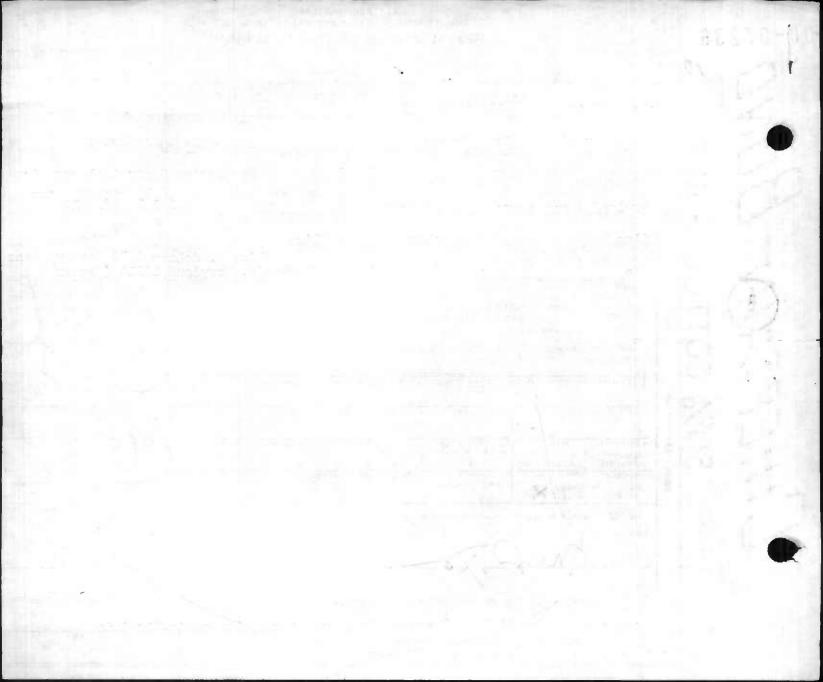
IMPORTANT. If Item 21 is

(VRA 15, 4)

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		CEASED NAM	E FIRST		WIDDLE			LAST		20. DATE K	REG. NO.	MONTH	DAY YEAR	2 HOUR
Man Man			RAY		T.		del	LANY	1	DEATH /	MATED [5	15 19 8	6 M
결당교호를	3 SE	(4. RACE	5 DATE OF BIRT		6 AGE (IN YE.	ARS IF UN	DER 1 YR. IF UN	DER 24 HRS.	2c. DATE		MONTH	DAY YEAR	2d HOUR
DIRECTOR STATE	N	la1e	White	December	1948	37 YI	11101111	S DAYS HOURS	MIN.	PRONOUNG DEAD	CED	5	15 19 8	6 1:30 6 PM
24.42	70. B	RTHPLACE (S		78. CITIZEN OF	WHAT COUN			ED NEVER MA	ADDIED X	9. BALTIMO	RE CITY OR	COUNT	Y OF DEATH	01 1 11
TASE A	, ic	East	Africa	United	States	3	WIDOW		ORCED	Monte	gomerv	Cou	ntv	AAD
W 3 -	III. C	TY OR TOWN		11. NAME OF HO	OSPITAL, NU	IRSING HOME		ER INSTITUTION	12a USU	JAL OCCUPA	ATION (TYPE C		126 KIND OF	BUSINESS
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160	USU	AL RESIDENCE	(IF IN NURSING HOME	OR OTHER INSTITUTION.	GIVE RESIDENCE	BEFORE ADMISSI	260							
20		TATE Marylai	nd Mont	gomery	1	chesda		13d INSIDE CITY LIMIT YES NO	5? 13e STR	EET ADDRES	# 207	ват	720814	ane
17		THER'S NAME			1 Det			15. MOTHER'S MA						
7	1	Milan		WIDDLE	doT	Lany		Alice		MIC	DIE		TE1= == C ==	
14	160	VAS DECEASE	D EVER IN U.S. AI	RMED FORCES?		CIAL SECURIT	Y NO.	17. INFORMANT	A 1 .	77 1	ADDRESS,	070	Ekange Batter	Т.
4	(Y	ES, NO, OR UNKNO	(IF YES, GIV	E WAR OR DATES)		-76-802		Path	Alice	E. de	Lany 4	19/0	Mother	y Lane
1	-		F DEATH /Entern	nly ane couse per li			9	ветпе	esda, P	laryla	na zue	14 (TE INTERVAL
	155	PARTIDE	ATH WAS CAUSI	D BY:	Mult	iple	druc	intox:	icatio	on			BETWEEN ON	ET AND DEATH
NA NA	17	779	IMMED1/	ATE CAUSE (a)		NSEOUENCE (,						-
EE S	1/		ns, if ony, which											
- P	1		se to immediat stating the under	< ''	OR AS A CON	NSEQUENCE ()F						-	
Z		lying cou		302.0,0	21. 13 1 001	JOE WOET TOE T	51							
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d	MEDICAL	21d INJURY	OCCURRED	21e PLAC	E OF INJURY	(AT HOME,	21f. LO	CATION	11900		- ago.			
	¥	WHILE C	NOT WHILE		ACTORY, FARM, E	FTC.)	10	70 Bati	tery I	CITY OR TOWN	Reth	COL	A Moni	STATE MICH
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				ge of the remains d			Autaps		ction .	Inquiry	457	in my ap	inian	
-	1	death result	ed from: Nati	orol causes 🔲 ,	Accident	L, Su	icide	, Hamicide		ermined mon	ner 📜			
		ACTUAL	Mr.	()	X			TITLE (SPECIFY				DATE	0-15	
-	-	SKINATURE,	110	W.	XD		M.	D Assista	ant_MED	ICAL EXAMI	NER	SIGNE	5-16-	36
1		EXAMINER'S	NAME Ann	M. Dixon	M D			111	Denn	S+ 1	Ral+o	ME	2120	
1		~						ADDRESS			baiw.	, IVIL	2120.	
	23c.B	PECIFY)	TION, REMOVAL					R CREMATORY	CITY	CATION		COUP		STATE
	24.5	Cremat		May 17,19					TE REC'D. BY	xandr	ia Vir	gini	a ICNIATURE	
		NAME	Kobert	A. Pump				es PA	AV O A	4000	256 REGIST	OLUMBA	A CONTRACTORE	-
5))	75	57 Wisc	consin Av	enue Bet	hesda.	Marvla:	nd 20	1814 M	AYZI	1500	CALIE IN	AN LANGE)



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DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201	0
6	-
DING PHYSICIAN: The low requires that the dear million are executed within 24 hours after death. Page 4 may be	0
or attending physicion.	7
After this certificate has been signed by the attendent that provide and completely filled in by the funeral director, page 3 estimates the business permit. Then please remove the page 1 and 2 should be filed within 72 hours after death	1
olth and Mental Hygiene prior to burial, cremation	5

1-07156	1.	FOR STATE REGISTRAR		DEPA	RTMENT OF H	E OF MARYLAND EALTH AND MENTAL HYG ICATE OF DEATH	IENE 8 6	1 4 8	1 5
y be		CEASED NAME FIRST GBOTGB	Α.	WIDDLE	001	pre L	20. DATE OF DEATH MO	DNTH DAY YEAR 15 86	0214 M
oge 4 may be rector, page 3 urs after death	3. SE	×	* RACE Black		June Date C		6. AGE (IN YEARS LAST BIRTHE	YRS MONTHS DA	YS HOURS MIN.
deoth. Particular description of the second	p	RTHPLACE (STATE OR FOREIGN COUNTRY) anama	U.S.A.		MARRIE WIDOWE		Montgomery		MD.
by the filled willing	Ta	Koma Park	Washing	ton Adv	entist	Hospital	120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF W Engineer	ORKING LIFE) INDUSTI	of Business or RY Vate Club
hin 24 hourship filled in should be in	Ma	AL RESIDENCE (IF NURSING HOME OF STATE 13b. COUN ITYLAND MONTO	omery out		Spring	13d INSIDE CITY LIMITS? YES NO 15 MOTHER'S MAIDEN NAM	8201 16th	Street C	20910
completel	In	formation not a		LAST	CUBITYALO	Matilda IT INFORMANT	E.MIODLE	Pau	
ond ond be medice		YES NO OR UNKNOWN) (IF YES, GIV	/E WAR OR DATES)	579 18	3772	Linda Wilcox	T1200 Silve	r Spring	
me Physics of the count, it cevent, it		18 CAUSE OF DEATH (Enter or PART I. DEATH WAS CAUSE IMMEDIA	D BY:	Massire	whow	and Lower	G. 1 Bleev	hig BETWE	EN ONSET AND DEATH
that the deated by the attention cremation or other troumot		Conditions, if any, which gove rise to immediate cause (a), stating the underlying cause lost.	DUE TO, O	RAS A CONSECUTION OF THE PROPERTY OF THE PROPE	QUENCE OF	es. End steps in derease	longulation	defect	
been signe mit. Then piprior to bur ony injury, (ATION	Hepate City	iphely	ethy.		NOT RELATED TO THE TERM N WAS PERFORMED		TION GIVEN IN PART	4.85
V. The kysicion.	CERTIFICATION	210, ACCIDENT WAS UNDERLYING	21b. TIME C	OF INJURY		21c HOW INJURY OCCUR	YES NO	N CERTIFYING CAUS	SES OF DEATH?
3 PHYSIC attending er this cer the burio ond Ment	MEDICAL	OR CONTRIBUTING CAUSE OF DE- LIFE EITHER NOTIFY MEDICAL EXAMINES 21d. INJURY OCCURRED WHILE NOT WHILE AT WORK	21e PLACE (AT HOME STI	M. MONTH M. OF INJURY REET, FACTORY, OFFI	19 CE FARM ETC)	211 LOCATION STREET	CITY OR TOWN	COUNTY	STATE
OR ATTENDINI The hospital or of the properties	10	27a I certify that (I) (this hospi sow the deceased alive an above, (I) (we) (did) (did no 27b. SIGNATURE	tol) offended th	ofter death.		, 19	, to		that (I) (we) last the couses stated
TO HOSPITAL OF TO FUNDERAL DISPOSATION OF THE PROPERAL DISPOSATION OF THE PROPERATION	J.	22d. PHYSICIAN'S NAME (TYPE O	A COPRINT) PACKO	bock,	٥ ,	ATTENDING PHYSICIAN 220 ADDRESS \$500	1 2 27	Swite G'	15/86
BP		BURIAL, CREMATION, REMOVAL SPECIFY	23b DATE	2		EMETERY OR CREMATORY Jet Cometery	23d LOCATION Washingtor	4	<u>MD 209).</u> D.T.

DHMH - 16 60M 7/84 (VRA 15, 4)

24 FUNERAL DIRECTOR MCGuire Funeral Service

Washington,

7400 Georgia Ave. 250. DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE MAY 21 1986

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S. Harris

00-0634

STATE OF MARYLAND FOR STATE REGISTRAR DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

	2 1
REG. NO.	, 1

	REGISTRAN					REG. NO.		
	ECEASED NAME FIRST	MIDDLE	7	TAST TO		OF DEATH MONTH	DAY YEAR	26 HOUR
	DAVI			IE KOSE		5	-7-86	1:00 RM
3. SE		4 RACE		OF BIRTH Y 4, 1922 Y 5, 1922 Y 7, 19	EAR	N YEARS LAST BIRTHDAY)	MONTHS DAYS	HOURS MIN.
7. 0	MALE BIRTHPLACE (STATE OR FOREIGN	76. CITIZEN OF WHAT		Y 4, 1922	64	ORE CITY OR COUN		
	PENNSYLVANIA	U.S.A.	MARRI	ED NEVER MARR	ED 📙		VII OF DEATH	
10 C	TEINING TEVAINTA		WIDOW TAL, NURSING HOME		Transit of the Control of the Contro	ONT GOMERY	12h KIND C	MD. OF BUSINESS OR
S	ILVER SPRING	BEL PRE	HEALTH CARE			VTRACTOR OF THE STREET		
13a M <i>F</i>		GOMERY SI	SIDENCE BEFORE ADMISSION	136 INSIDE CITY LIV YES NO	MITS? 130 STREE	TADDRESS / ZIP CO D1 BEL PRE	ROAD	20906
14. F	ATHER'S NAME - FIRST UNK	MIDDLE	LAST	15 MOTHER'S MAII	DEN NAME	UNKNOWN	LAS	
	WAS DECEASED EVER IN U.S. AR (YES DOOR UNKNOWN) (IF YES GIV	E WAR OR DATES)	00 OCIAL SECURITY NO. 58-12-1784	0-ARLOTTE	ALONSO, DAU	ADDRESS H	EIGHTS, MO DISON RD. S	
	18 CAUSE OF DEATH (Enter or PART I, DEATH WAS CAUSE	nly one couse per line for D BY TE CAUSE (a)	SPIRAT	THY F.A	ILURE		1.0111111111111111111111111111111111111	IMATE INTERVAL ONSET AND DEATH
NO	Conditions, if ony, which gove rise to immediate couse ioi, stating the underlying couse lost. PART 2. OTHER SIGNIFICANT ((0) 6	CONSEQUENCE OF	PKIMH TNOT RELATED TO T	HE TERMINAL DISE	M.CAPCUO ASE OR CONDITION	MIN GIVEN IN PART II	2
CERTIFICATION	190 DATE OF OPERATION	19b CONDITION	FOR WHICH OPERATION	ON WAS PERFORMED	200 AU		YES, WERE FINDING CAUSES	
MEDICAL CER	210 ACCIDENT WAS UNDERLYING COR CONTRIBUTING CAUSE OF DEA	P.M.	MONTH DAY YEAR		OCCURRED (ENTER	NATURE OF INJURY IN ITEM	IB PART 1 OR PART 2)	
WED	216 INJURY OCCURRED WHILE NOT WHILE AT WORK	21e PLACE OF IN	JURY CTORY OFFICE, FARM ETC.)	21f LOCATION STREET		CITY OR TOWN	COUNTY	STATE
	saw the deceased alive an above, (1) (we) (did) (did ac			ond that in (my) (our)	opinion death accu	5 = 7		that (I) (we) last causes stated
	Hollaus	beliler	Med	DEGREE ATTEN PHYSI		STAFF OR PHYSICIAN	224. DATE	SIGNED
	Richard P. Del			22e ADDRESS	vard Stre	et, Silver	Spring	Md 209
230	BURIAL, CREMATION, REMOVAL (SPECIFY) CREMATION			CEMETERY OR CREM.	ATORY 23d LO	CATION EXANDRIA,		
.24 F	TUNERAL DIRECTOR RICHA 1804 T ST., N.W	ARD RAPP, I	INC. DN,D:C. 200			REGISTRAR 25b. REG		

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DHMH - 16 60M 7/84 (VRA 15, 4)

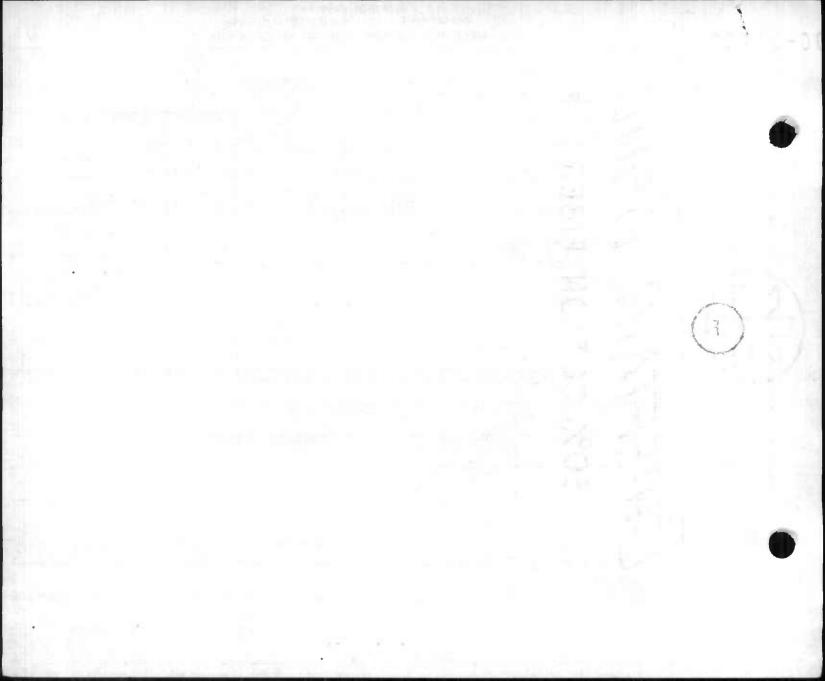
D. FUNERAL DIRECTOR

CRITANT

P4.

DHMH - 16 60M 7/84 (VRA 15, 4)

STATE OF MARYLAND

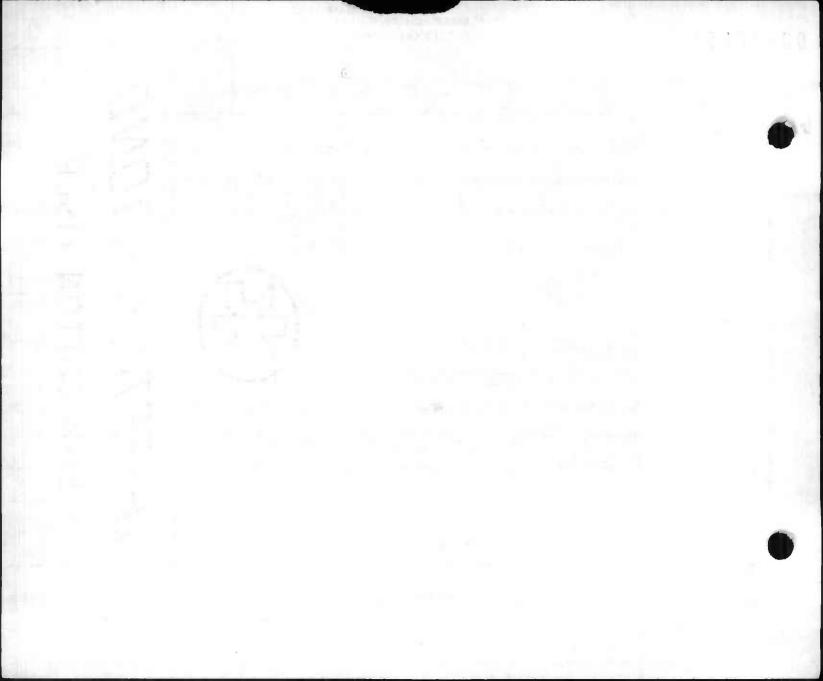


00-08204	1 -	FOR STATE REGISTRAR		DEP	ARTMENT OF H	OF MARYLAND EALTH AND MENTAL HYO ICATE OF DEATH	GIENE 8 6	10.	4 8	1 9
ofter death. Page 4 r. the funeral director, ad within 72 hours often	3 SE 70 B W 10 C B USU 130	CEASED NAME FIRST OP PRINT) K Female RTHPLACE (STATE OR FOREIGN ASHINGTON, D.C ITY OR TOWN OF DEATH Ethesda AL RESIDENCE (IF NURSING HOME	United	sian F WHAT COUN States F HOSPITAL, NI JICH FACILITY, GIVE Dan HOST	S. DATE COMMITTEE S. MARRIES WIDOWE WIDOWE STREET ADDRESS SITE ADDRESS STREET ADDRESS DOIT ALL BEFORE ADMISSION)	F BIRTH 23, 1908 DI NEVER MARRIED DI DIVORCED	REG. N 20. DATE OF DEATH 5	PRINDAY) IN THE PRINCE OF WORKING LIFE SESSES	ON THE STATE OF TH	MIF UNDER 74 HBS. HOURS MIN. MD. BUSINESS OR UD11c 20814
MORE, MARYLAN e executed within 2 n and completely fill pages 1 and 2 should be a should b	14. F/	THER'S NAME Augostino VAS DECEASED EVER IN U.S.	WIDDLE	Disper		YES NOTHER'S MAIDEN NA Maria 17 INFORMANT (Bro Frank Dispen	ther) ADDR	ES\$34 O	Arena cean Pi land 21	nes
S, 201 W. PRESTON ST., BA	7	18 CAUSE OF DEATH Enter PART I. DEATH WAS CAU IMMED Conditions, if ony, which gove rise to immediate cause (a), stating the underlying cause last PART 2 OTHER SIGNIFICAN	DUE TO, (DUE TO, (DUE TO, (C C C C C C C C C C	OR AS A CONS	SEQUENCE OF		MINAL DISEASE OR CON	NDITION GIVE	8	ATE INTERVAL ISET AND DEATH
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 2120 FINDING PHYSICIAN: The low fequire and the arthropid be executed within 24 hours tool or other dring physicion. OR After this certificate has been signed by the little dring physicion drid completely filled in by or use as the buriol-transit permit. Then the certificate has been signed by the completely filled in by Health and Mental Hygiene prior to build. The manual of removal. It is marked at item 18 shows any injury, or other traumotic event, the medical examiner that he may be marked at the medical examiner that he may be marked at the medical examiner that he medical examiner that he may be marked at the marked at	MEDICAL CERTIFICATION	190 DATE OF OPERATION 710. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF (IF EITHER NOTIFY MEDICAL EXAMI 71d INJURY OCCURED WHILE ALWORK 1 WORK 270 Certify thory (this hose) Sow the deceased	21b TIME HOUR A NER) 21e PLACE (AT HOME S	OF INJURY A,M. MONTH P.M. E OF INJURY STREET, FACTORY, O	DAY YEAR 19 FFICE FARM, ETC)	21c. HOW INJURY OCCUR 21f. LOCATION STREET d that in (my) (our) apinion	CITY OR TO	IN CERTIFY YES URY IN ITEM 18 PA	COUNTY	STATE
TO HOSPITAL OR ATTEN retorned by the hospital TO FUNERAL DIRECTOR should be detoched for us with the State Dept. of H. IMPORTANT. If Item 21 is		DOUBLE CONTRACTOR BURIAL CREMON BURIAL	CORPORT)	W-O June	NAME OF C	DEGREE ATTENDING	MEDICAL _ STA	CIAN D	17 DATEST	

DHMH - 16 60M 7/84 (VRA 15, 4) P.A. NAM 7557 Wisconsin Avenue, Bethesda, Maryland

250. DATE REC'D. BY REGISTRAR 250. REGISTRAR'S SIGNATURE

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U U -	00431	1. DE	REGISTRAR CEASED NAME E OR PRINT)	FIRST	7412	WIDDLE	IIIAEK 3	LAST	_	DATE K	REG. NO NOWN X		DAY Y	EAR 2b. HOUR
	N N N N N N N N N N N N N N N N N N N			Si		Tuau		B O		DEATH /	MATED [5/	5/19	86 M
5	Z	Ma.		()	5 DATE OF BIRTH	YEAR LAST B	THE	NDER 1 YR. IF UNDER		DATE ONOUNG DEAD	ED	MONTH 5/		86 P M
1	1000	FO			76. CITIZEN OF WHAT COUNTRY? 8 MARRIED NEVER MARRIED 9. BALTIMO				_	5/ 5/1986 P. ECITY OR COUNTY OF DEATH OMERY County. M				
	PAGE 5		TY OR TOWN OF DE		11. NAME OF HOS	PITAL, NURSING H CILITY, GIVE STREET ADDR Mountain	OME, OR OTH	HER INSTITUTION	12e USUA	OCCUPA	TION (TYPE	OF WORK		of Business Emman Lates
21201	ANY DE AND 3 TA RETAIN COULD B	13a S	L RESIDENCE (IF IN N	136 COUNT	R OTHER INSTITUTION, GI	ve residence before ad 13c CITY OR TOW Gaither:	MISSION)	13d INSIDE CITY LIMITS?)) itain	3.60	17	race
	SEAN TO SEAN T	14. FA	Man		WIDDLE	ΰo		15 MOTHER'S MAID!	-		Cuc		Ďo	
BALTIMORE, MD.	RES AFTER D L. GIVE PAG WITH FORM PAGES 1.V DIVISION O	NC	VAS DECEASED EVE ES, NO, OR UNKNOWN)	(IF YES, GIVE V	MED FORCES? WAR OR DATES)	220-58-		Kim Do - S	sister	, 40	ADDRESS 7 Pati		VA Lane,	
RECORDS, 201 W. PRESTON ST., I			Conditions, if gove rise to cause (a) statin	VAS CAUSED IMMEDIAT ony, which immediate g the under-	E CAUSE (a) DUE TO, OR (b) DUE TO, OR	for (o), (b), and (c). AS A CONSEQUEN AS A CONSEQUEN	Gunsho ICE OF	t Wound to	Head	Ĭ			APPROX BETWEEN	MATE INTERVAL ONSET AND DEATH
RECORDS	RECORDS, 2 D BE EXECUTO MEDICAL E ASA BURIN SALTH AND CREMATION	ATION	PART 2 OTNER SIGNIFICA			BUT NOT RELATED TO THE		SE OR CONDITION GIVEN IN PA	RT 1 (a).				20 AUTO	DCV2
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DIVISION OF VITAL	RTIFICATE NG THE V SHOULD PROBLE PROBLE	MEDICAL CERTIFICATION	UNDERLYING X	OR CAUSE OF D	HOUR A.M	MONTH DAY 5/19	'EAR	ow Muury occurre			RY IN ITEM 18 P	ART 1 OR PAR	T 2)	
N	THIS CE WARDEI PAGE 3 STATE DE	ME	WHILE NO.		X h	OME	18	57 <u>3 Mounta:</u>		ITY OR TOW		cou Gaith	ersbu	rg, Md.
•	MER DES		278. I certify that death resulted from ACTUAL SIGNATURE		e of the remoins des	cribed addis ADd a	Spicide X		Undetern	Inquiry [ner,	DATE SIGNEI	F /	6/86
	TO MEDICAL EXY EXECUTE THE CER PAGE 4 SHOULD TO FUNERAL DIR AFTER DEATH, W BARTIMORE, MAR	22.5	EXAMINER'S NAME (TYPE OR PRINT)	Gree	gory R. K	auffman,			ll Pen		•			
07/8- 25M			JRIAL, CREMATION, PETAL JUNEAL DIRECTOR	KEMOVAL 2	5/8/86	Chestn	ut Gro	ve Cemeter		riidor	6.0	Faff		s V A
20181	DHMH - 17 (VR A15 ME (5))		Berkley	Green,	Hermdö	n, Virgin	ia	TAC 2	PEC D. SYRI	GISTRAR	Pulson.	navalie	GNATURE	and the second



0 - 0 6	808	1.	FOR STATE REGISTRAR			STATE OF M. NT OF HEALTH CERTIFICATE	AND MENTAL HYG	IENE 8 6		4	8 2
ige 4 moy be	ors ofter death		SYLU Female	A RACE W	lite	DOE .	ENER 5 1890	6 AGE (IN YEARS LAST BIRT	YRS	UNDER I YEAR	2b. HOUR IF UNDER 24 HRS HOURS MIN.
S ofter death. Po	filed within 72 hor	14	RIMPLACE (STATE OR FOREIGN DUBLIN OF S TY OR TOWN OF DEATH ROWN OF DEATH		nen	HOME OR OTHE	DIVORCED TO R INSTITUTION	9 BALTIMORE CITY OF MUTA 12a USUAL OCCUPATION (TYPE OF YORK FOR MOST OF MUTAL)	TGO	METE KIND C	MD. BUSINESS OR
within 24 hou	d 2 should be		AL RESIDENCE (IF NURSING HOME OF STATE 136 COUP		SIVE RESIDENCE BEFORE AD	CLE 13d IN YES 1	THER'S MAIDEN NAM	13e STREET ADDRESS	Ju	tine	c Vally R
be executed	is. Poges 1 one		VAS DECEASED EVER IN U.S. AR YES, NO OR UNKNOWN) (IF YES, GT	E WAR OR DATES)	578-48	TY NO. 17 INF	Alice ORMANT ichard J.]	Rockvi Doerner 703	He, Ma	Road	d 20850
at the death certifical	over the control of t		18. CAUSE OF DEATH (Enter or PART I. DEATH WAS CAUSE IMMEDIA Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last	D BY. TE CAUSE (a) DUE TO, OR (b)	AS A CONSEQUENT AS A CONSEQUENT	CE OF CA	di ovos a	acidlus dro	arl	3	wells + year
The low requires Pacing	nut permit. Thes ples rgrees proor to burio skipes any injery, or	CERTIFICATION	PART 2 OTHER SIGNIFICANT 190 DATE OF OPERATION 210, ACCIDENT WAS UNDERLYING	Mocret	Centrol of the control of the contro	PERAJON WAS	PERFOMED	VAL DISEASE OR CONI 200 AUTOPSY? YES NOS	20b. IF YES, V IN CERTIFY! YES	WERE FINDING CAUSES	
DING PHYSICIAN or uttending physic	atter the certicol to other the burief the other burief the morked or them 18	MEDICAL CI	OR CONTRIBUTING CAUSE OF DE (IF EITHER NOTIFY MEDICAL EXAMINE 21d INJURY OCCURRED WHILE NOT WHILE AT WORK 220.1 certify that (1) (this hosp	ATH HOUR A.M. P.M. 21e PLACE O (AT HOME STREE	A. MONTH DAY A. DE INJURY ET FACTORY OFFICE FARI	YEAR 19	OCATION STREET	CITY OR TO		COUNTY	STATE that (I) (we) last
SPITAL OR ATTEN of by the hospital	The State Distriction The detached for an action The State Dept. of He The State Dept. o		sow the deceased olive or obove, (I) (we) (did) (did no 1776 SKSNATURE)	cel	19 1	DEGREE	ATTENDING PHYSICIAN	death occurred on the do			couses stated

^{14 FUNERALTYSTON} Wheeler Funeral Home, Inc. 1331 Rockville Pike, Rockville, Md. 20852 DHMH - 16 60M 7/84 (VRA 15, 4)

23b. DAJE 3/86

230 BURIAL, CREMATION, REMOVAL Burial

Cate of Heaven Cemetery CityOR TO Silver Spring, Maryland

Exclusion in the State of the contract of HOTTGONERY RIGHLIEF POTENTE LEGISLAND TO THE TOTAL THE THE PROTONNELLING THE The second of th face a week who decides 30 the 5 Agented in the principal district in y gray The last Calent Careers and y witter live of the 13 21-5 25 21/23 arily Colston and The state of the s

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O HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours ofter death. Page 4 may be	
etained by the haspitol or attending physician.	U
TO FUNERAL DIRECTOR, After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3	1
should be detached for use as the burial-transit permit. Then please remave carbanpopers. Pages Nand 2 should be filed within 72 hours after death with the State Dept. af Health and Mental Hygiene prior to burial, cremation, or removal.	0

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

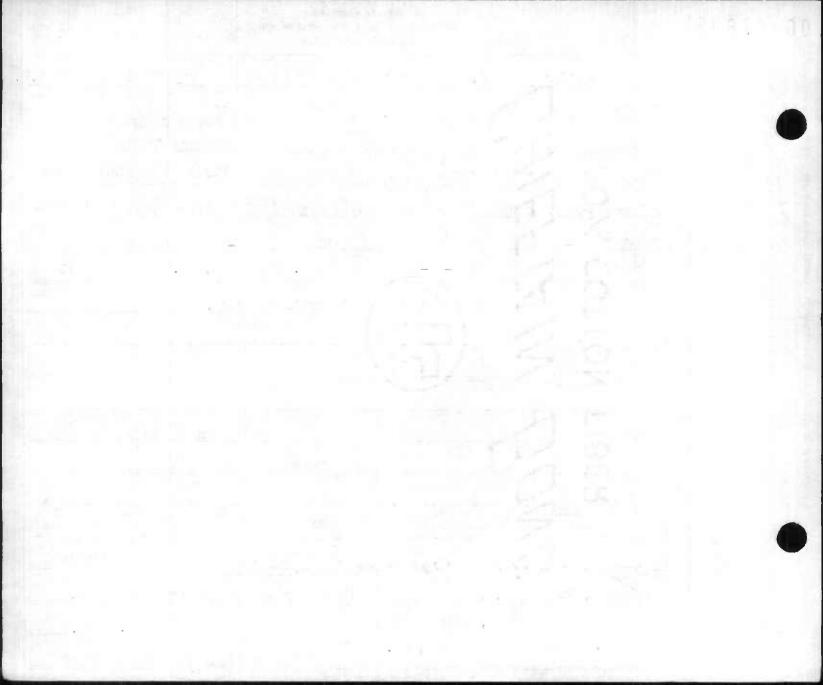
6 REG. NO

MAY 27 1986 Juna Davidson Pandalle

1	STATE REGISTRAR			DEF	CERTIF	ICATE OF DEATH	8 6 REG. NO		4 3	5 6 6
	CEASED NAME	FIRST		MIDDLE		AST .	2a DATE OF DEATH	MONTH	DAY YEAR	26 HOUR
(117)	ORPRINT	Martin	ia	Α.	Don	aldson	M	ay 22	, 1986	2:30 AM
3 SE	X		4. RACE		S. DATE C		6 AGE (IN YEARS LAST BIRT	HDAY)	IF UNDER 1 YEAR	IF UNDER 24 HRS
	Female		White	e	Dec	20, 1895 YEAR	90	YRS.	MONTHS DAYS	HOURS MIN.
70 B	IRTHPLACE (STAT	E OR FOREIGN	76 CITIZEN OF		TRY? 8		9 BALTIMORE CITY O		OFDEATH	
ME	W JERSEY		US	Δ		D NEVER MARRIED DIVORCED D	Montgome	ry Co	untv	
	ITY OR TOWN OF				JRSING HOME O	OR OTHER INSTITUTION	12a USUAL OCCUPATION			MD. OF BUSINESS OR
	OLNEY		19137	Willow	v Grove	,	SECRETARY	WORKING LI	GOVI	ERNMENT
USU 13a	AL RESIDENCE (# STATE	NURSING HOME O	R OTHER INSTITUTION NTY	13c. CITY OR		13d. INSIDE CITY LIMITS?	13e STREET ADDRESS	ZIP CODI	2	22222
M	aryland	Mont	gomery	OLA	VEY 1	YES NO	19137 Will	ow_Gr	ove Roa	d 20832
14_F/	ATHER'S NAME		MIDDLE	LAST		15. MOTHER'S MAIDEN NA	WE		1.65	
	OSCAR			HENION		ADDIE	-	TALMA	DGE	
	WAS DECEASED E				SECURITY NO.	17 INFORMANT	ADDRE	\$5		
(YES. NO NOWN	(IF YES, GI	VE WAR OR DATES)	216-4	46-2174	ALFRED L. D	ONALDSON, J	R. S	AME AS	# 13
	IR CAUSE OF D	FATH (Enter o	nly one couse pe	fine for (o). (h	n and ie	<u> </u>			APPROX	MATE INTERVAL ONSET AND DEATH
	PART I. DEAT	H WAS CAUSI	D BY:			minal aortic	aneurvsm		B.C.I.M. Q.C.I.	ONSET AND DEATH
		IMMEDIA	TE CAUSE (0)	Raptai	ca abao	milliar adi cic	ancar your.			
			DUE TO, O	R AS A CONS	EQUENCE OF					
	Conditions, if		(b)_							
	couse (a), s	toting the	DUE TO, O	R AS A CONS	EQUENCE OF					
	underlying c	ouse lost	((c)_							
	PART 2 OTHER	SIGNIFICANT	CONDITIONS C	ONTRIBUTING	TO DEATH BUT	NOT RELATED TO THE TERM	INAL DISEASE OR CON	DITION GIV	EN IN PART 1	0
o O					None					
CERTIFICATION	19a DATE OF OP	ERATION	196 COND	ITION FOR WI		N WAS PERFORMED	20a AUTOPSY?		S, WERE FINDIN	
F	None						YES NO X		FYING CAUSES	NO I
CER	210. ACCIDENT WA	S UNDERLYING				21c HOW INJURY OCCUR		Y IN ITEM 18	PART I OR PART 2)	
	OR CONTRIBUTING		AIR		DAY YEAR	None				
MEDICAL	21d INJURY OC			.M. OF INJURY	19	211 LOCATION				
ME	WHILE IT N	OT WHILE	(AT HOME ST	REET. FACTORY OF	FFICE, FARM ETC)	STREET	CITY OR TO	WN	COUNTY	STATE
	AT WORK	T WORK	V .		10	50	May		19_86	
	220.1 certify the	ot (1) (t Ms/Nhös p	May 12	ne deceased fr	C.F.	bu 19 19 19 19 19 19 19 19 19 19 19 19 19	to May	. 14		that (I) (Xe) last
			May 12	ofter death.			death occurred an the do	ite and hou		
	226. SIGNATURE	7	_			DEGREE			22c. DATE	SIGNED
	(who I	> /)	10	mores	2 PHYSICIAN X	MEDICAL STAF	IAN []	5/2	2/86
	22d PHYSICAN	S NAME (TYPE	OR PRINT))	22.1491495Semina	ry Road			
	John	S Por	jers, M.	n			ng, Montgom	ony C	ounty	Md
22-					22. NIAME OF C	EMETERY OR CREMATORY		ery C	ouncy,	riu.
[]	BURIAL CREMATI	ON, REMOVAL	MAY 2	7, 1986			ROCKVIL		COUNTY	STATE
						Inc. DAT	TE REC'D, BY REGISTRAR			MD.
19 1	PHOFRAGORECTE	T DADD	ED TAVA	DOMOTET	T TO AMO	250. UAI	L REC U, DT KEGISTRAK	ZOB. KEGIS	KAK S SIGNAL	UKE

DHMH - 16 60M 7/84 (VRA 15, 4)

MPORTANT: If Item 21 is marked or Item 18 shaws any injury, or other traumatic event, the medical



STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE (2) FOR - STATE CERTIFICATE OF DEATH REGISTRAR ECEASED NAME FIRST 20 DATE OF DEATH MONTH 7h HOUR TYPE OR PRINTS FREDERIC WATTS DONOUR. MAY 27 1986 9 - 10n M 3 SEX 5. DATE OF BIRTH AGE (IN YEARS LAST BIRTHDAY) IF UNDER 1 YEAR IETINDER 21 LDS MONTH MALE WHITE JUNE 28, 1918 67 70. BIRTHPLACE (STATE OR FOREIGN 76 CITIZEN OF WHAT COUNTRY? BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED COUNTRYS ALABAMA U.S.A. WIDOWED DIVORCED F MONTGOMERY COUNTY 10. CITY OR TOWN OF DEATH NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 12ª USUAL OCCUPATION 12h KIND OF BUSINESS OR (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY PIPE FITTER WELDING BETHESDA NIH. THE CLINICAL CENTER USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION 13a STATE 3h COUNTY 13c CITY OR TOWN 13e.STREET ADDRESS / ZIP CODE 13d. INSIDE CITY LIMITS? ST. CLAIR ILLINOIS BELLEVILLE YES -NO [2 ELMWOOD DRIVE 62220 14 FATHER'S NAME 15 MOTHER'S MAIDEN NAME MIDDLE LAST MIDDLE JAMES DONOUR LELA WATKINS 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO ADDRES: 17 INFORMANT 4016 FOXWOOD DR NO OR UNKNOWN FREDERIC W. DONOUR, JR. VA BEACH, VA 23462 494-10-7266 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c BETWEEN ONSET AND DEATH PART I. DE ATH WAS CAUSED BY VENTRICULAR FIBRILLATION MINUTES IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF ACUTE MYOCARDIAL INFARCTION Conditions, if any, which 15 HOURS gave rise to immediate couse (a), stating the DUE TO, OR AS A CONSEQUENCE OF underlying cause lost PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 CATION RENAL CELL CARCINOMA: DIABETES MELLITUS 20a AUTOPSY? 190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? CERTIFI NOF 21a ACCIDENT WAS UNDERLYING 216 TIME OF INJURY 21c HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. MONTH DAY YEAR (IF EITHER NOTIFY MEDICAL EXAMINER) P.M 19 21d INTURY OCCURRED 21e. PLACE OF INJURY 211 LOCATION CITY OR TOWN COUNTY STATE (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) STREET AT WORK 220.1 certify that XI (this hospital) attended the deceased from ____ APRTI 16_ MAY 19 86 19.86 saw the deceased alive on MAY 27 abave. XI (wey did) (XIX not) view the body after death 86 and that in (N) (aur) apinion death occurred on the date and have and from the causes stated 22h SIGNATU DEGREE 22c. DATE/SIGNED ATTENDING MEDICAL PHYSICIAN DIRECTOR PHYSICIAN NATIONAL INSTITUTES OF HEALTH, 9000

23c NAME OF CEMETERY OR CREMATORY

METROPOLITAN CREMATORY

24 FUNERAL DIRECTOR DHMH - 16 60M 7/84 (VRA 15, 4)

230 BURIAL CREMATION, REMOVAL

CREMATION

RICHARD RAPP, INC. 1804 T ST., N.W., WASHINGTON, D.C. 20009

5/29/86

726 DATE

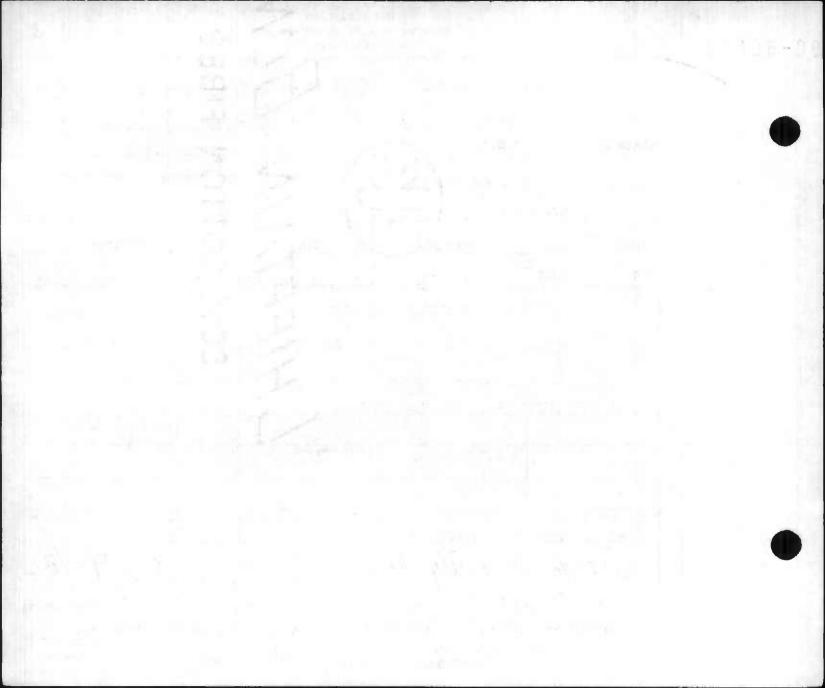
250 DATE REC'D. BY REGISTRAN 256. REGISTRAN'S SIGNATURE who Daydoon yanders.

ALEXANDRIA, VIRGINIA

STATE

ROCKVILLE PIKE, BETHESDA, MARYLAND 20892

23d LOCATION CITY OR TOWN



FOR

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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	REG.	INO.

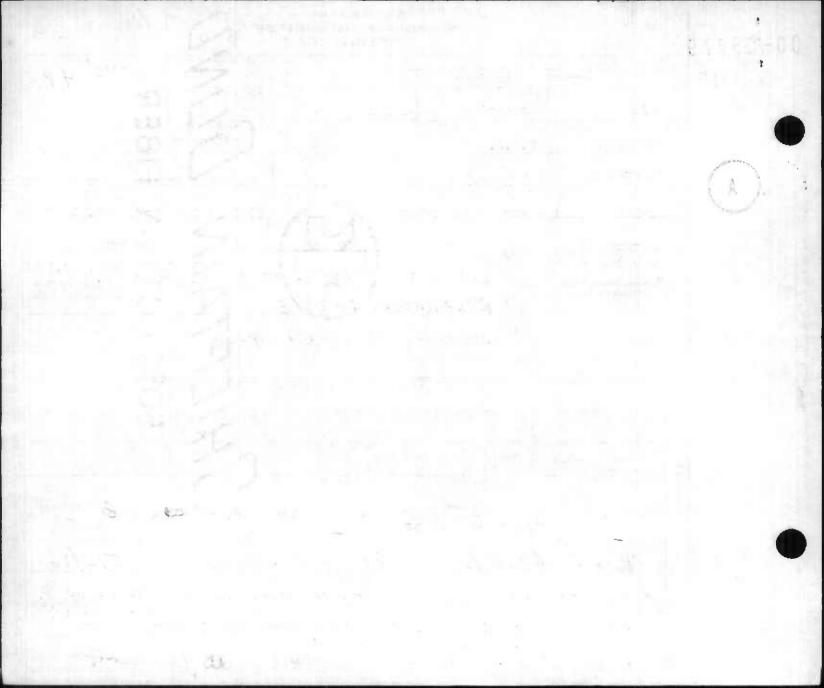
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3. SEX	OR PRINT) RICHARI	D BENJAMIN	DOUPE		20 DATE OF DEATH May	y 2	1986	26 HOUR		
		4 RACE	5 DATE	OF BIRTH	6 AGE (IN YEARS LAST BIR	THDAY) IF (HOURS		
	Male	Caucasian	Janu	ary 18 1905	81	YRS				
CC	RTHPLACE (STATE OR FOREIGN OUNTRY)	76 CITIZEN OF WHAT COU	MARRI	ED NEVER MARRIED	9 BALTIMORE CITY OR COUNTY		FDEATH			
	ew York	U.S.A.	WIDOW		Montgome					
1	TY OR TOWN OF DEATH	 NAME OF HOSPITAL, N (IF NOT IN SUCH FACILITY, GIV 		OR OTHER INSTITUTION	120 USUAL OCCUPAT		126 KIND OF INDUSTRY	BUSINES		
1	ithersburg	9701 Fields			Merchant	Marine	Mercl	hant		
JUA Jia Si	L RESIDENCE (IF NURSING HOME OR TATE 136 COUN			134 INSIDE CITY LIMITS?	13e.STREET ADDRESS	/ ZIP CODE	2087			
M	arvland Monte		ersburg	YES NO	9701 Fiel					
	THER'S NAME	MIDDLE LA	ict.	15. MOTHER'S MAIDEN NAM						
7	Henry	Dou	ne!	Hannah	WIDDLE	Ela'	herty			
	AS DECEASED EVER IN U.S. AR.	MED FORCES? 166 SOCIA	L SECURITY NO.	17. INFORMANT	ADDR	ESS				
N		E WAR OR DATES)	03-5721	Frances M. Mo	orris Coiti	Fields	Road,	Apt.		
				J. Lanceb III III	TILL GALL	TELSOUL	APPROXIM. BETWEEN ON	ATE INTERV		
	18 CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a). RESPIRATORY FAILURE									
	PART 2. OTHER SIGNIFICANT C	CONDITIONS CONTRIBUTIN	IG TO DEATH BU		INIAI DISEASE OD CON	DITION GIVEN				
NOL										
TIFICATION	190 date of Operation	196 CONDITION FOR V			20e AUTOPSY?	20b. IF YES, W	VERE FINDING	F DEATH		
CERTIFIC		196 CONDITION FOR V	WHICH OPERATION	ON WAS PERFORMED	200 AUTOPSY?	20b. IF YES, W IN CERTIFYIN YES [VERE FINDING NG CAUSES O			
CAL	190 DATE OF OPERATION 210 ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA	196 CONDITION FOR V	WHICH OPERATION TH DAY YEAR 19	ON WAS PERFORMED	200 AUTOPSY?	20b. IF YES, WIN CERTIFYIN YES [VERE FINDING NG CAUSES O	NO [
MEDICAL	190 DATE OF OPERATION 210 ACCIDENT WAS UNDERLYING CALSE OF DEA (IF EITHER NOTIFY MEDICAL EXAMINER 21d INJURY OCCURRED WHIE NOT WHIE AT WORK 220-1 certify that (1) (this haspit saw the deceased alive an	21b. TIME OF INJURY HOUR A.M. MONT P.M. 21e PLACE OF INJURY (AT MOME STREET, FACTORY	WHICH OPERATION TH DAY YEAR 19 OFFICE FARM, ETC.) from MAA	211 LOCATION STREET	200 AUTOPSY? YES NO RED (ENTER NATURE OF INJU	20b. IF YES, WIN CERTIFY IN YES [VERE FINDING NG CAUSES C OUNTY	STA		
MEDICAL	190 DATE OF OPERATION 210 ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA (IF EITHER NOTIFY MEDICAL EXAMINER 21d INJURY OCCURRED WHILE NOT WHILE AT WORK 220-1 certify that (1) (this haspit saw the deceased alive an abave, (1) (we) (did) (did no 22b. SIGNATURE	21b. TIME OF INJURY HOUR A.M. MONT P.M. 21e PLACE OF INJURY (AT HOME STREET, FACTORY tal) attended the deceosed	WHICH OPERATION TH DAY YEAR 19 OFFICE FARM, ETC.) from MAA	211 LOCATION STREET DEGREE ATTENDING PHYSICIAN	200 AUTOPSY? YES NO RED (ENTER NATURE OF INJU	20b IF YES, WIN CERTIFYIN YES [RY IN ITEM 18 PART	VERE FINDING NG CAUSES C OUNTY	ST/		
MEDICAL	190 DATE OF OPERATION 210 ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA (IF EITHER NOTIFF MEDICAL EXAMINER 21d INJURY OCCURRED WHILE NOT WHILE AT WORK 220-1 certify that (1) (this hasping with the deceased alive an abave, (1) (we) (did) (did) and	21b. TIME OF INJURY HOUR A.M. MONT P.M. 21e PLACE OF INJURY (AT HOME STREET, FACTORY tool attended the deceosed	WHICH OPERATION TH DAY YEAR 19 OFFICE FARM, ETC.) from MAA	211 LOCATION STREET 211 (my) (aur) opinion of DEGREE	200 AUTOPSY? YES NO ME NED (ENTER NATURE OF INJU CITY OR TO death accurred an the death accurred an the death accurred an the death accurred and the death a	20b. IF YES, WIN CERTIFYIN YES [RY IN ITEM 18 PART OWN 19. ote and have at	VERE FINDING NG CAUSES C NORPART 2) COUNTY The county t	STATE (WILLIAMS STATE)		

DHMH - 16 60M 7/84 (VRA 15, 4)

TO HOSPITAL

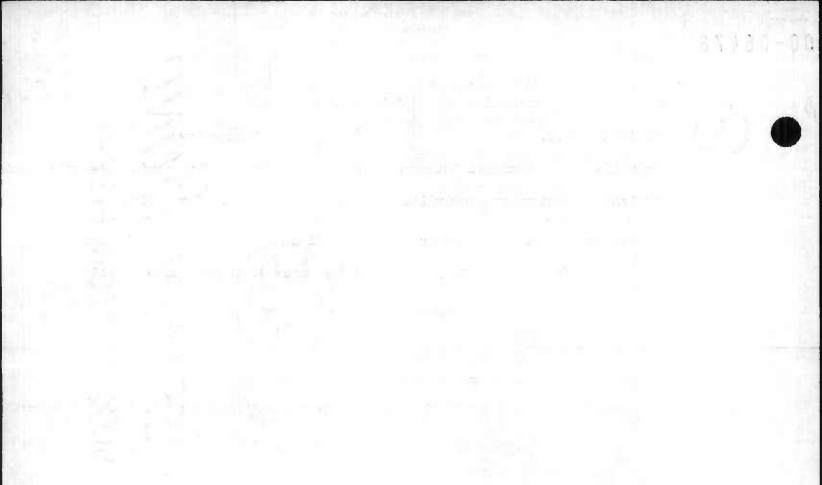
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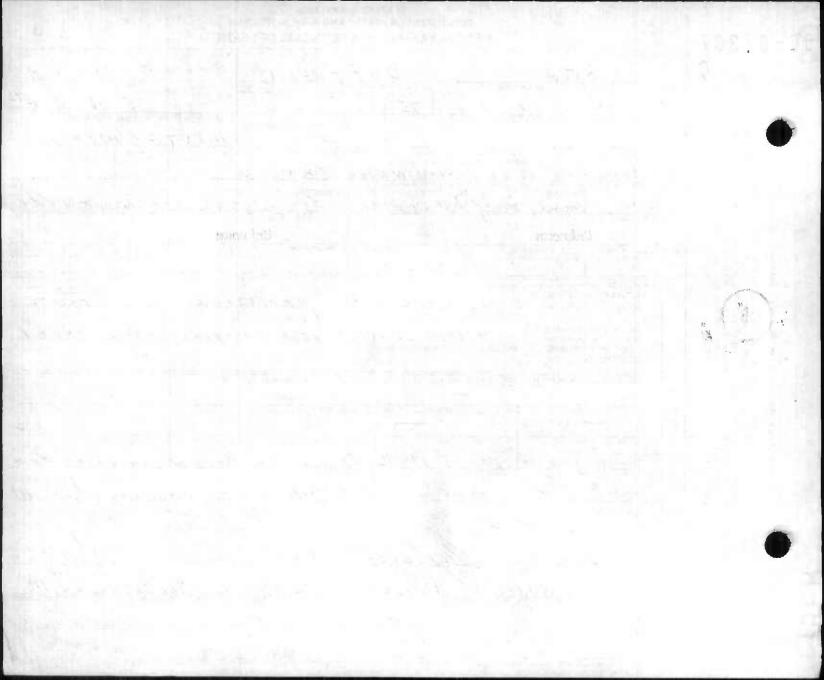
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(VRA 15, 4)

STATE OF MARYLAND



STATE OF MARYLAND RTMENT OF HEALTH AND MENTAL HYGIENE - STATE REGISTRAR . DECEASED NAME DATE KNOWN LTYPE OR PRINT) OF ESTI-DEATH MATED ITA 19 0 4. RACE AGE (IN YEARS DATE OF BIRTH 1. SEX IF UNDER 24 HRS 20. DATE MONTH LAST BIRTHDAY PRONOUNCED YOUR DEAD 75 YRS 70 BIRTHPLACE Th CITIZEN OF WHAT COUNTRY? NEVER MARRIED MONT DIVORCED MER Washington, D 11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 126. USUAL OCCUPATION ITYPE OF WORK FOR MOST OF WORKING LIFE! OR INDUSTRY KENSINGTON S. Gov't. ENSINGTO Secretary LIAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSIONI 20895 Ja STATE CITY OR TOWN GNSINGTON 15. MOTHER'S MAIDEN NAME 14. FATHER'S NAME MIDDLE MIDDLE LAST Unknown Unknown ADDRESS 4315 Joplin Drive 168. WAS DECEASED EVER IN U.S. ARMED FORCES? 16h SOCIAL SECURITY NO. 17. INFORMANT Friend Walsh Rockville. Maryland 20853 577-34-0239 John E. 18 CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).) BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) MYO C ACC 4 ARCTION ACU TE DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which TERIACCLEROM gave rise to immediate couse (o) stoting the under-DUE TO, OR AS A CONSEQUENCE OF lying cause lost. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (0 190. DATE OF OPERATION 19h. CONDITION FOR WHICH OPERATION WAS PERFORMED? 20. AUTOPSY? DEPARTMENT OF YES NO 4 210. EXTERNAL CAUSE WAS 16. TIME OF INJURY 21c. HOW, INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) SHOULD OR UNDERLYING CONTRIBUTING CAUSE OF DEATH 21d INJURY OCCURRED I. PLACE OF INJURY 21f. LOCATION AT WORK AT WHILE STREET, FACTORY, FARM, ETC. Home 228. I certify that I took charge of the remains desembed above, held on Autopsy and in my opinian death resulted from Suicide A Homicide Undetermined monner DATE EXAMINER'S NAME PAGE 10 FU 230 BURIAL CREMATION REMOVAL May 20. 1986 Gate of Heaven Cemetery Silver Spring, Montgomery, Burial Francis J. Collins, Jr. **DHMH** - 17 mindson-Bendalle (VR A15 ME (5)) 500 University Blvd., W. Silver Spring, Md. 15M 7/76



	FOR
1	STATE
	REGISTRAR

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

REG. NO.	1	4	8	2	1
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00-084-17	FOR 1 - STATE REGISTRAR	DEPARTMENT OF HEALTH AND MENTAL HYG CERTIFICATE OF DEATH	8 CREG. NO.	4821
oy be	1. DECEASED NAME FIRST 1 TYPE OR PRINT! BAHIA 3. SEX	ELBABA 14 RACE 15. DATE OF BIRTH	20. DATE OF DEATH MONTH OAY 5-30 6. AGE (IN YEARS LAST BIRTHOAY) 18-1	YEAR 26 HOUR - 86 /2.35 M UNDER 1 YEAR OF UNDER 24 HRS
ge 4 m	Femule	Caucasian 3 - 29 - 06		HHS DAYS HOURS MIN.
th Poor	70. BIRTHPLACE (STATE OR FOREIGN COUNTRY)	76 CITIZEN OF WHAT COUNTRY? 8 MARRIED NEVER MARRIED	9. BALTIMORE CITY <u>OR</u> COUNTY OF	DEATH
e fune	Palestine 10 CITY OR TOWN OF DEATH	Jordan WIDOWED DWORCED	Mantgomery 120. USUAL OCCUPATION	MD. 12b. KIND OF BUSINESS OR
201 by the filed v	Silver Spring	(IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) HOLY Cross Hospital	(TYPE OF WORK FOR MOST OF WORKING LIFE) Housewife	INDUSTRY
(ND 21:	13a. STATE 13b CO	OR OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION) UNITY 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? tagmery Silver Spring YES \(\sigma\) NO \(\sigma\)	13e STREET ADDRESS / ZIP CODE 10114 Haywood Dr	ive 20902
ARYLA Within within d 2 sh	14 FATHER'S NAME FIRST	MIDOLE LAST 15. MOTHER'S MAIDEN NAM		LAST
SE, M.	Habib 160. WAS DECEASED EVER IN U.S. A		ADDRESS	<u>Yankey</u>
TIMORE, on and con and con security.	(YES, NO OR UNKNOWN) (IF YES, I	GIVE WAR OR DATES) 577-64-8658 Lourice Paris	sr Daughter Same	
T., BAL.		only one cause per line for (a), (b), and (c.) SED BY: ATE CAUSE (a) ATE CAUSE (b)		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
PRESTON S The death cer The attending the corbo The attending the corbo The attending to the corbo The attend	Conditions, if only, which	DUE TO, OR AS A CONSEQUENCE OF OR LABORT C	USFOJE	375pms
11 W. PRE that the di d by the at ease reman ol, creman	gove rise to immediate couse (a), stating the underlying cause last.	DUE TO, OR AS A CONSEQUENCE OF HISMAT FAMULE		278my
RDS, 2C equires or signed Then plum injury, o		TOONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERM		IN PART 110
I RECORDS The low requipment of the second	190 DATE OF OPERATION 210 ACCIDENT WAS UNDERLYING	196. CONDITION FOR WHICH OPERATION WAS PERFORMED		VERE FINDINGS USED NG CAUSES OF DEATH? NO \(\begin{array}{cccccccccccccccccccccccccccccccccccc
OF VITA	OR CONTRIBUTION CALICE OF	HOUR A.M. MONTH DAY YEAR	ED (ENTER NATURE OF INJURY IN ITEM 18 PART	
DIVISION C attending after this ce os the buric th and Men	(IF EITHER NOTIFY MEDICAL EXAMINE 21d. INJURY OCCURRED WHILE AT WORK AT WORK	P.M. 19 21e PLACE OF INJURY (AT HOME. STREET, FACTORY, OFFICE FARM, ETC.) 211 LOCATION STREET	CITY OR TOWN	COUNTY STATE
DIN TENDING tral ar o OR: Afre or use os or use os f Heotth	22a 1 certify that (1) (this has saw the deceased alive	spital) attended the deceased from	to 1994, 19.	, that (I) (we) last
NTAL OR AT by the hosp RAL DIRECT detached for iote Dept o	776 SIGNATURE TZJ	DEGREE ATTENDING PHYSICIAN D		221. DATE SIGNED
HOSPII torned b	ROBERT L		Sia AVE, SILVER SPR	20102 am 20105
01 P F = 3 S	23a. BURIAL, CREMATION, REMOVA		23d LOCATION CITY OR TOWN	OUNTY STATE
BP	Burial 24 FUNERAL DIRECTOR France	is J. Collins, Jr. 1250 PAIL	REC'D. BY REGISTRAR 250 REGISTRAR	
DHMH - 16 60M 7/84 (VRA 15, 4)	500 University	Blud., W. Silver Spring, Md. JU	N 4 1986 Julia Davi	down-Pandase

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CAN'TO ACCUTE 17775 for Man copy on became the will english comment of the 27:00 Treeson first from Spring the Misson, 200 Million de DEC 33 1187 26 flered the are in y RESERVED LO POSSONIE DE 1883 CONTRE DE SERVER LA SERVER DE LA SERVER DESERVER DE LA SERVER DESERVER DE LA SERVER DE LA SER

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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE FOR 1 - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH O REGISTRAR REG. NO 1. DECEASED NAME 20 DATE KNOWN LOIS LITYPE OR PRINT OF DEATH MATED R FILES. HOURS STREET, . SEX 4 RACE DATE OF BIRTH AGE (IN YEARS | IF UNDER IF LINDER 24 HRS DATE LAST BIRTHDAY) WHITE FEMALE DEAD To BIRTHPLACE BALTIMORE CITY OR NEVER MARRIED NEWNYORK U. S. A. DIVORCED IO. CITY OR TOWN OF DEATH 11 NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 13a. STATE 138 INSIDERLITY LIMITS? 14 FATHER'S NAME 15. MOTHER'S MAIL IN NAME MIDDLE ABRAHAM JULTA KAHN 17. INFORMANT 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 1066 RUATAN STREET (IF YES, GIVE WAR OR DATES) 111-14-9185 ENGEL. STILVER SPRING, MARYLAND CAUSE OF DEATH (Enter only one cause per line for (o), (b), and (c).) PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) Conditions, if any, which gove rise to immediate couse (a) stoting the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO GEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 10 CERTIFICATION SED AS 190. DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED? E CHIEF BE USED 20 AUTOPSY? BURIAL, YES 🗌 NO De E 3 SHOULD BE I E DEPARTMENT (210. EXTERNAL CAUSE WAS 216. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR UNDERLYING OR CONTRIBUTING CAUSE OF DEATH 21d. INJURY OCCURRED 21e PLACE OF INJURY (AT HOME. If LOCATION STREET, FACTORY, FARM, ETC.) STREET CITY OR TOWN COUNTY STATE WHILE WHILE AT WORK PAGE 4 SHOULD BE FORWAR TO FUNERAL DIRECTOR: PAGI AFTER DEATH, WITH THE STATE BALTIMORE, MARYLAND, 2120 Inspection 220. I certify that I taok charge of the remains described above, held on Autopsy ond in my opinion death resulted from: Natural couses Homicide ___ Undetermined monner TITLE (SPECIFY) ACTUAL SIGNATURE 1919 DR. JOHN S. ROGERS, M. D STIVER 23e BURIAL, CREMATION, REMOVAL 23b DATE 23c. NAME OF CEMETERY OR CREMATORY 5/15/1986 BURTAL MOUNT LEBANON CEMETERY 07/84 BP DONALD M. OSTEIN HEBREW MEMORIAL FUNERAL HOME **DHMH - 17** 1380 232 CARROLL STREET, N. W., WASHINGTON, D. C. (VR A15 ME (5))

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STATE OF MARYLAND

}	6 REG. NO.	-	4	8	2	9
					10.00	

-	1-	FOR STATE REGISTRAR	DEPA	RTMENT OF HEALTH AND MENTAL HYG CERTIFICATE OF DEATH	BIENE 8 6 REG. NO.	4829
		CEASED NAME FIRST EHI	A MIOOLE	EPS/EIN S. DATE OF BIRTH	20 DATE OF DEATH MONTH	19 1916 6 34 M
		emale	White	MONTH 1899	86 yrs.	MONTHS DATS HOURS MIN.
7	1	Vew Jersey	S CITIZEN OF WHAT COUNTE	MARRIED NEVER MARRIED WIDOWED DIVORCED	Montgon	
5	10. C+	Cockuille	(IF NOT INSUCH IF A THE SIVE SIVE SIVE SIVE	Home	120 USUAL OCCUPATION (TYPE of WORK FOR MOST OF WORKING I	126 KIND OF BUSINESS OR INDUSTRY
5	13a S	14a 1101	TY 1 13c CITY OR TO	WILLS A NO T	13e STREET ADDRESS / ZIP COD	
1	14 FA	Sam Page 1	LAST	Bromberg Sarah	ME	lverstein
1		VAS DECEASED EVER IN U.S. ARM YES, NO OR UNKNOWN) (16 YES SIXE	MED FORCES? 166 SOCIAL SE WAR OR OATES) 153-/	4 1000	ADDRESS ris Epstein same	as #13
		18 CAUSE OF DEATH LEnter only PART I. DEATH WAS CAUSED IMMEDIATE	BY. CAL	The second second second second second		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH PMINGE
		Conditions, if ony, which gove rise to immediate cause (a), stating the underlying cause last	DUE TO, OR AS A CONSECUTION OF T		W. J. V	N. E
	NO	PART 2 OTHER SIGNIFICANT CO	Menta	TO DEATH BUT NOT RELATED TO THE TERM	NINAL DISEASE OR CONDITION G	IVEN IN PART 1:0
)	TIFICAT	190 DATE OF OPERATION	196 CONDITION FOR WHI	ICH OPERATION WAS PERFORMED	IN CERT	ES, WERE FINDINGS USED IFYING CAUSES OF DEATH? (ES \(\) NO \(\)
1	MEDICAL CERTIFICATION	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER)	216. TIME OF INJURY HOUR A.M. MONTH P.M.	DAY YEAR 19	RED (ENTER NATURE OF INJURY IN ITEM 18	PART I OR PART 2)
	MEDI	WHILE NOT WHILE AT WORK AT WORK	216. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFI	CE FARM, ETC.) 211 LOCATION STREET	CITY OR TOWN	COUNTY STATE
		17s.1 certify that (II) this hospits saw the decreased abve on_ above, (I) was did did not	9 ///	1	2 to	ond from the causes stated
		THE SIGNATURE PLUM	ingtown	MO ATTENDING	MEDICAL STAFF DRECTOR PHYSICIAN	5-19-86
		RAYMON	D BASS	39 4 Feri	reca Ar When	aton My 28906
	23a B	BURIAL, CREMATION, REMOVAL SPE BURIAL	^{23b. DATE} 20, 1986 20	Ring David Mem. Pk.	Padde Churc	h, ou Wirginia MATE
	0.4.6		Tree or Donasson I	Jamosco I Homod		

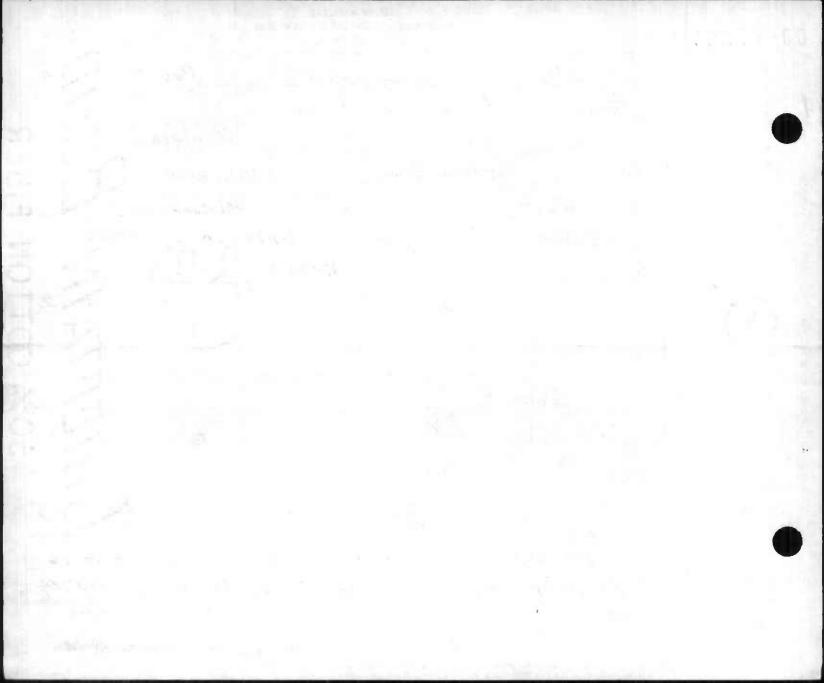
DHMH - 16 60M 7/84 (VRA 15, 4)

MPORTANT.

TO FUNERAL DIRECTOR, After the sent cote has been signed by the proof of the prior to buriol.

Ives-Pearson Funeral Homes Falls Churches Va. 22046 24 FUNERAL DIRECTOR

AND DATE REC'D BY REGISTRARISH BEGISTRAR'S SIGNATURE



STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE **CERTIFICATE OF DEATH**

LAST

MIDDLE

CO., INC.-1300 N STREET, WASH., DC

0 REG. NO DAY

YEAR

26. HOUR

20 DATE OF DEATH MONTH

(TYPE OR PRINT)	John		7	ER	LKSS	NE	0	5 0	18 86	60	M
3. SEX	4.	RACE		5. DATE O			6 AGE IN YEARS LAST BIR	THDAY	MONTHS DAYS	IF UNDER 24 H	IRS.
MALE		WHIT	re	JUN	E 28,1	899	86	YRS.	MONTHS! DATS	HOURS M	IN.
70. BIRTHPLACE STATE	OR FOREIGN 76	CITIZEN OF	WHAT COUNTRY?	S. MARRIE	□ NEVER MAI	RRIED -	9. BALTIMORE CITY C	R COUNT	Y OF DEATH		
SWEDE	N	USA		WIDOWE			MONT	COME	RY CO.		MD.
18. CITY OR TOWN OF D	DEATH 11		HOSPITAL, NURSI		R OTHER INSTITU		120 USUAL OCCUPAT			OF BUSINESS	OR
ROCKVIL		hady	Grore	HOVE	tist He	spital	SUPT.		GEN C	CONST	UC
USUAL RESIDENCE IF N 130 STATE MARYLAND	13b. COUNTY MONTO		13c. CITY OR TOV	VN	13d. INSIDE CITY		13e. STREET ADDRESS 9694 BI	RUTE	DRIVE	20901	
14 FATHER'S NAME	18275				15. MOTHER'S M				LAS		
MILS	MID		ERIKSSO	N	KAI	REN		ELLST		1	
160 WAS DECEASED EV	ER IN U.S. ARME		16b. SOCIAL SEC		17. INFORMANT		ADDR			10.5	
[YES, NO OR UNKNOWN)	(IF YES, GIVE W	AR OR DATES)			DELL D	DIA	IIADD DUT	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,)	
NO			1578-01		REV.D	R. RIC	HARD REIG	HARL	-NIH-I		
18 CAUSE OF DE PART I. DEATH	I WAS CAUSED E	SY:	arisin		rdignic	c Str	ck		Pal	ONSET AND DEA	IH
Conditions, if o gove rise to couse (a), ste underlying co	immediate ating the	DUE TO, OF	OUTE CAR R AS A CONSEQU	LENCE OF	of ry	andi	Mefacle	7	ao.	ut .	
	IGNIFICANT CO	NDITIONS CO	ONTRIBUTING TO	DEATH BUT	NOT RELATED TO	THE TERMI	NAL DISEASE OR CON	IDITION GI	VEN IN PART 1	0	
19a. DATE OF OPE	RATION	196. CONDITION FOR WHICH OPERATION		N WAS PERFORMED		IN CERTIFYI			WERE FINDINGS USED YING CAUSES OF DEATH?		
OR CONTRIBUTION	CAUSE OF DEATH		F INJURY M. MONTH D M.	AY YEAR	21c. HOW INJU	RY OCCURR	ED (ENTER NATURE OF INJU	PRY IN ITEM 18.	PART 1 OR PART 2)		
21d. INJURY OCC		21e. PLACE	OF INJURY REET, FACTORY, OFFICE,	FARM ETC)	21f. LOCATION STREET	- 5	CITY OR TO	OWN	COUNTY	STATE	3
22a.1 certify that		May	196	Jelle You	ed that in (my) to	19 ES	, to on the c	lote and ho		that (I) (we)	
22b. SIGNATURE	me &	Loc	ly me	R		ENDING YSICIAN	DIRECTOR PHYSI		BVIL	STATE (-
22d. PHÝSICIAN'S	NAME ITYPE ORG	C D 8	soley	MP	Olner	1990	4 owords	208.	De nemice	F	
230. BURIAL, CREMATIC	N, REMOVAL	23b. DATE	23c.	NAME OF C	EMETERY OR CR	MATORY	236 LOCATION		COUNTY	STATE	
BURIAL		MAY .	13,1986	CED	AR HIL	L CEM		ID, M	IARYLAN		

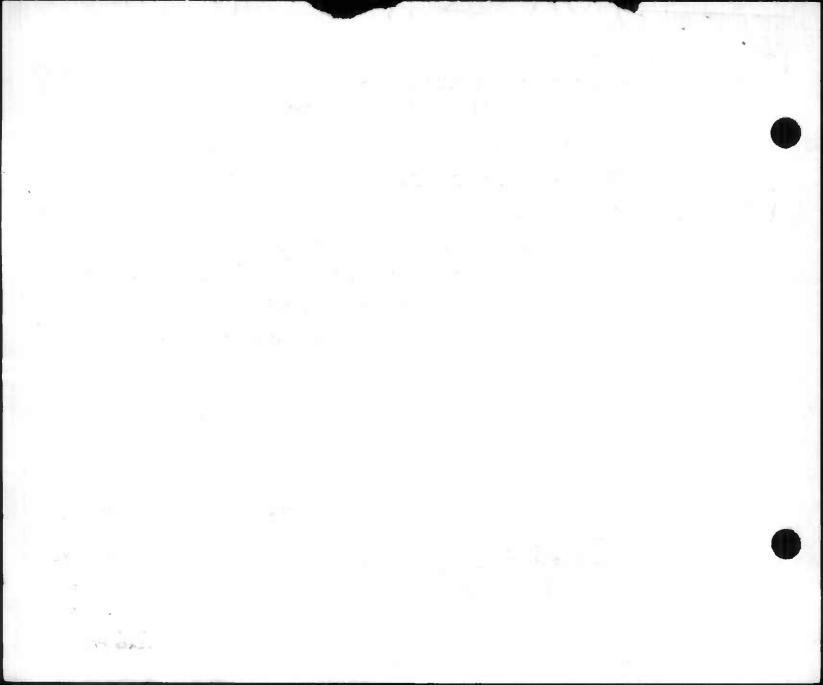
DHMH - 16 50M 4/82 (VRA 15, 4)

24 FUNERAL DIRECTOR
NAME
HYSONG CO

BP.

09240-00 ERIKSSON auchter with marketting 1 1827

4			STATE OF CAND		
0-06.033	FOR STATE REGISTRAR		RTMENT OF HEALTH AND MENTAL HY CERTIFICATE OF DEATH	REG. NO.	4831
n m = 3	1. DECEASED NAME	FIRST MIDDLE	LAST A	20 DATE OF DEATH MONTH	1 86 9 15
og deor	Sister Mary	Angels, Mary Este	Ne Everett		IF UNDER TYEAR IF UNDER 2-ARS
ar.p	Female	White	5. Date of BIRTH 5.4 1893	6. AGE (IN YEARS LAST BIRTHDAY)	MONTHS DATS HOURS MIN.
Sold Sold N	To. BIRTHPLACE (STATE OR FO		7 5 1093	92 YRS	TY OF DEATH
# 11/4/	Washington,		MARRIED LI NEVER MARRIED A	_	
1 11 2	10. CITY OR TOWN OF DEAT	H 11. NAME OF HOSPITAL, NUI	SING HOME OR OTHER INSTITUTION	Montgomery 120. USUAL OCCUPATION	126 KIND OF BUSINESS OR
5 14 ()	Kensington, I	Md. (IF NOT IN SUCH FACILITY, GIVE ST		Religious Nin	Teacher
., BALTIMORE, MARYLAND 2120 ficate be executed within 24 hours oppose. Foge. I and exited by it novol. ent, the medical significant about a medical significant and the movel.	STATE IF NURSIN		FORE ADMISSION)	13e STREET ADDRESS / ZIP CO	
ON THE PLANT	Maryland M	ontgomery Kensin	aton YES X NO [5000 Strathmor	
	4. FATHER'S NAME	MIDDLE LAST	15 MOTHER'S MAIDEN NA	AME	LAST
M 5 01/3/0	Louis	A. Evere	tt Mary El	izabeth	Raley
VORE	16a WAS DECEASED EVER IN {YES, NO OR UNKNOWN}	(IF YES, GIVE WAR OR DATES)	Supe	erior	4.0
WILLIAM BE	No .	579-66		erine Lash Sa	me as 13 APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
physical phy		(Enter only one couse per line for (a), (b) S CAUSED BY: WMEDIATE CAUSE (a)	Cardiac ans	t	BETWEEN ONSET AND DEATH
ON ST	·	DUE TO, OR AS A CONS	OHENCE OF 1		
deatl deatl deatl deatl	Conditions, if ony,	which ((b) Ol	Invoctedly he	il dislone	
V. PR	gave rise to imme couse (a), stating underlying cause		OUENCE OF		
on w		(c)			
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST. ING PHYSICIAN: The law requires that the death certificate physician. After this certificate has been signed by the attending pass the burial-transit permit. Then please remove corban the and Memal Hygiene prior to burial, cremation, or removed or them 18 shows any injury, or ather traumatic events.		ficant conditions <u>contributing</u>	TO DEATH BUT NOT RELATED TO THE TERM	minal disease or condition c	GIVEN IN PART Tra
been been prior ony if	190 DATE OF OPERATION 210 ACCIDENT WAS UNDE	ON 196 CONDITION FOR WH	ICH OPERATION WAS PERFORMED		ES, WERE FINDINGS USED
he to on. hos t per t pe	AH I				TIFYING CAUSES OF DEATH? YES NO
VITAL R WISTCIAN Freate hos Freat	OR COLUMNIA IC		DAY YEAR 21c HOW INJURY OCCUI	RRED (ENTER NATURE OF INJURY IN ITEM)	8 PART I OR PART 2)
PHYSICIAN: PHYSICIAN: this certifical the burial-tran and Mental Hy d ar item 18	S (IF EITHER, NOTIFY MEDICA	LEXAMINER) P.M.	19 211 LOCATION		
PHYS tendir the bund W		LAT HOME STREET EACTORY OFF		CITY OR TOWN	COUNTY STATE
DIVIS or offer the e as the morked			om19_7;	10 3-1	, 1986_, that (I) (we) lost
ATTEN Sepiral CCTOR of for use of Her use	sow the deceased	this hospital) attended the deceased from the large of th	9_86_ and that in (mx) (our) opinion	death occurred on the date and h	our and from the causes stated
8 d 8 d d	226. SIGNATU	AL PO	DEGREE	AMERICAL STATE	22c. DATE SIGNED
. 4 . 5	Po	hold / Buey	MA ATTENDING PHYSICIAN	DIRECTOR PHYSICIAN	5-1-86
FUN FUN FUN FORT	22d. PHYSICIAN'S NA/	ME (TYPE OR PRINT)	4 809 URIRS	mill Rd R	ockuille
OT She She	230 BURIAL, CREMATION, R		NAME OF CEMETERY OR CREMATORY	23d LOCATION CITY OR TOWN	COUNTY STATE
BP	Burial.	May 5, 1986	Mt. Olivet Cemetery	Washington, D	C.
DHMH - 16 50M 4/83	500 Philipperid	ancis J. Collins	Snaina Md	PERECID BY 1986 RAR 256 REG	THE PARTY OF THE P
(VRA 15, 4)	Jou ancessa	y brous, w. shoel	. Spreery, Ma.	1/1	



STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

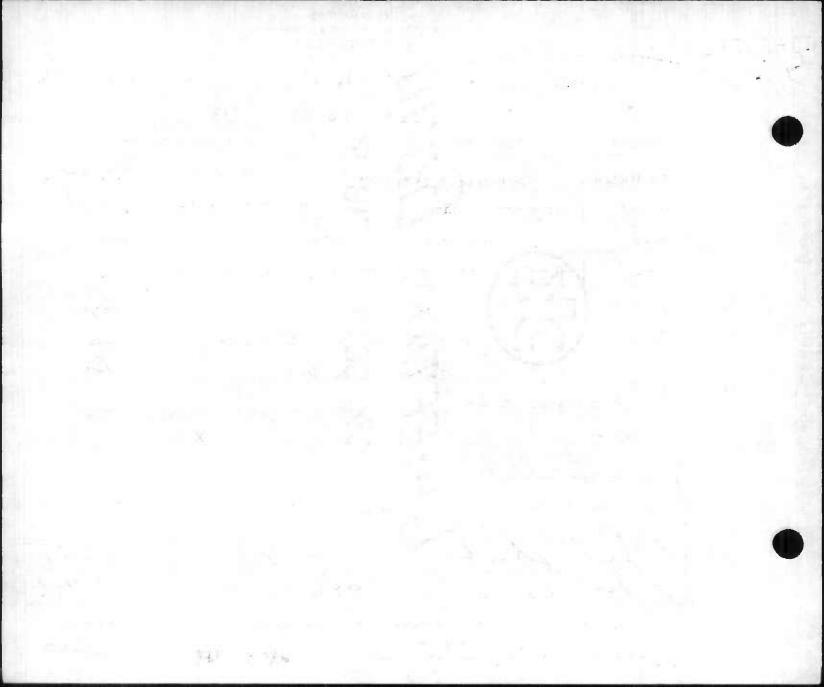
R	REGISTRAR			CERTIF	TCATE OF DEATH		REG. NO				
	ASED NAME FIRST		MEGIF		A57	20 DATE	OF DEATH W	ONTH	DAY	YEAR	26 HOUR
Lives On	William	1	H.	Everh	ardy		0	5	02	86	1220 A
3. SEX		4 RACE		5. DATE C		6 AGE (IN YEARS LAST BIRTH	DAY)	MONTHS	ER I YEAR	IF UNDER 24 HRS
	Male	Caucas	ian	MONTH	12 07	-	78	YRS	MONTHS	DATS	HOURS MIN,
	HPLACE (STATE OF FOREIGN	76 CITIZEN OF	WHAT COUNTRY	? B	D X NEVER MARRIED	9 BALTIA	AORE CITY OR	COUNT	Y OF D	EATH	
	ansas	United	States	WIDOWE		Mon	tgomery	Cou	inty	,	ME
10. CITY	OR TOWN OF DEATH		HOSPITAL, NURSI		OR OTHER INSTITUTION	12a USUA	AL OCCUPATIO	N N	126		F BUSINESS OR
	ethesda	Subu	orban t	DSPH	al	Tra	ork for most of nslator	WORKING E	บั	.S.	Gov't.
13a. STA	100 000		13c CITY OR TOV Betheso	RE ADMISSION)	13d INSIDE CITY LIMITS?	130 STREE 5810	address/ Bradle	zip cor y BI	vd.	20	814
14 FATH	HER'S NAME	MIDDLE	LACT		15 MOTHER'S MAIDEN NA	AME	MIDDLE			LAS	
Ja	ıcob		verhardy		Louise		WIDDLE		He	sse	
	S DECEASED EVER IN U.S. AI		166 SOCIAL SEC	URITY NO.	17 INFORMANT		ADDRES	S			
(145)	Yes (IF YES. GI	XE WAR OR DATES)	216-44-7	7714	Irene B. Eve	rhard	y Same	as	# 1.	3e.	
18	PART I. DEATH WAS CAUS	D BY	1-	nd ic	5-1				F	APPROXI BETWEEN O	MATE INTERVAL ONSET AND DEATH
	IMMEDIA	TE CAUSE (o)								1	
	Conditions, if ony, which	DUE TO, C	OR AS A CONSEOL	PENCE OF	rareal a		les			Ra	
	gove rise to immediate	10)								1-09	
	underlying couse lost.	DUE TO, C	OR AS A CONSEOU	JENCE OF	Fraking					140	٨
P	ART 2. OTHER SIGNIFICANT	CONDITIONS	ONTRIBUTING TO	DEATH BUT	NOT RELATED TO THE TERM	MINAL DISE	ASE OR COND	ITION GI	IVEN IN	PART 110	0
NO.	Remove	in Fa	lar								
A 19	DATE OF OPERATION	19b. COND	ITION FOR WHICH	H OPERATIO	N WAS PERFORMED	20a AL	JTOPSY?				NGS USED OF DEATH?
CERTIFICATION	Hom					YES [NOM		ES 🗌	CAUSES	NO [
2	10. ACCIDENT WAS UNDERLYING	216. TIME O	OF INJURY	DAY YEAR	21c. HOW INJURY OCCUR	RED (ENTER	NATURE OF INJURY	IN ITEM 18	PART + O	RPART 2)	
AL C	OR CONTRIBUTING CAUSE OF DE	AID	.M.	19							
MEDICAL	Id INJURY OCCURRED		OF INJURY	EARM ETC.)	21f LOCATION		CITY OR TOW	N	CC	VINU	STATE
-	WHILE NOT WHILE	(A) HOME 3	THEET, PACTORY OFFICE	PARM, EIC)		,	~1			-/	
22	20.1 certify that (1) (this hasp	itol) ottended tl	he deceased from	7/4/	19 6	to	3/1		, 196	,	that (I) (we) lost
	sow the deceased alive or		offer death.	, 01	nd that in (my) (our) opinion	deoth occu	rred on the dot	e ond ho	ond f	rom the	couses stoted
2	26 SIGNATURE	ple	h	27	DEGREE ATTENDING PHYSICIAN	MEDICA	AL STAFF		2	DATE	SIGNED
27	ANY STIAN'S NAME (TYPE		1000		22e ADDRESS	1-1		4	0)	Be	theida
A	V	- 1	61		1775	101 0	40rss	TOL.	19		20814
	RIAL, CREMATION, REMOVAL Cremation	May 2			olitan Crematory		Alexand	ria	cour	Tire:	inia ^{STATE}
	Cremation	ridy 2	, 1700 I	recrob	officall Offillat	.Uyy	TEValia	тта	,	ATTR.	TILTO

DHMH - 16 60M 7/84 (VRA 15, 4)

FOR - STATE

74 FUNERAL DIRECTOR Robert A. Pumphrey Funeral Homes P.A. 7557 Wisconsin Ave. Bethesda, Maryland

250 DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE



00-0851

		AND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

REGISTRAR		CI	ERTIFICATE OF DEATH	8 Q	4 8 3 3
DECEASED NAME	(MEDIK F	-alik	2N DATE OF DEATH MONTH	8 86 1150 to
1. SEX	4. RACE	_ \ 3.0	2 2 07	6. AGE IN WARLANT BETHDAY) VRS.	FUNDERLYFAR FUNDERTARE
Poland	76 CITIZEN OF USA		ARRIED A NEVER MARRIED DOWNED DIVORCED	Montgom	
Bethesda /		BUNDAN	MOSPITAL	The USUAL OCCUPATION THE OF WORLDOWN MORE OF WORLD	WE KIND OF BUSINESS OF MOUSTRY Manufacturin
	Jomery	13: CITY OF TOWN Potomac	YES NO DE CITY LIMITS?	134 STREET ADDRESS / ZIP COI 10050 Counsel	
A FATHER'S NAME	widdes	3.4007	15 MOTHER'S MAIDEN N	MEDIA	5457
Peretz		nknown	NO 17 INFORMANT	ADDRESS	unknow-
	VE WAR GRIDATES	089 01 358	and the second s	(wife) See # 13	above
III. CAUSE OF DEATH (Enfector	nly one couse per	line for much and in			APPRISEMANT POTERVAL METIANTEN CONST. AND DEATH
			An FIBRICE	ATION	ALTERNATION LATERAGE
PART 2 OTHER SIGNIFICANT 19a DATE OF OPERATION 21a. ACCIDENT WAS UNDERLYING	scut.	SIEK SIR	IH BUT NOT RELATED TO THE TER WS SYNDROME RATION WAS PERFORMED	RAINAL DISEASE OR CONDITION G THE WHAT 200 AUTOPSY? 200 INCEPT	IVEN IN PART TIO ES, WERE FINDINGS USED IFYING CAUSES OF DEATH?
				YES NO P	res 🗌 No 🗗
210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING ALISE OF DE CHIEFER POLIFY MEDICAL EXAMINE ALIGN OF CONTRIBUTION	AIR	M. MONTH DAY	YEAR 19	JRRED (ENTER NATURE OF INJURY IN ITEM 18	PART (OR PART 2)
21d: INJURY OCCURRED WHILE NOT WHILE AT WORK	21e PLACE (AT HOME STI	OF INJURY PEET, FACTORY OFFICE, FARM 1	211. LOCATION STREET	CITY OR TOWN	COUNTY STATE
270.1 certify that (1) (this hasp saw the deceased alive ar abave, (1) (we) (did) (did no	~ MM	24 8 19 80	, and that in (my) (aur) apinia	, to, to and he date and he	,, 19, that (I) (we) last our and from the causes stated
Willend THE PHYSICIAN'S NAME (1996)	Th	ceum	DEGREE ATTENDING PHYSICIAN 1724 ADDRESS	MEDICAL STAFF	THE DATE SIGNED 18, 1980
30. BURIAL, CREMATION, REMOVAL			E OF CEMETERY OR CREMATORY	CITY OR TOWN	COUNTY _ STATE
Burial	May 20	1986 Jud	dean Mem'l Garde	olney,	Maryland

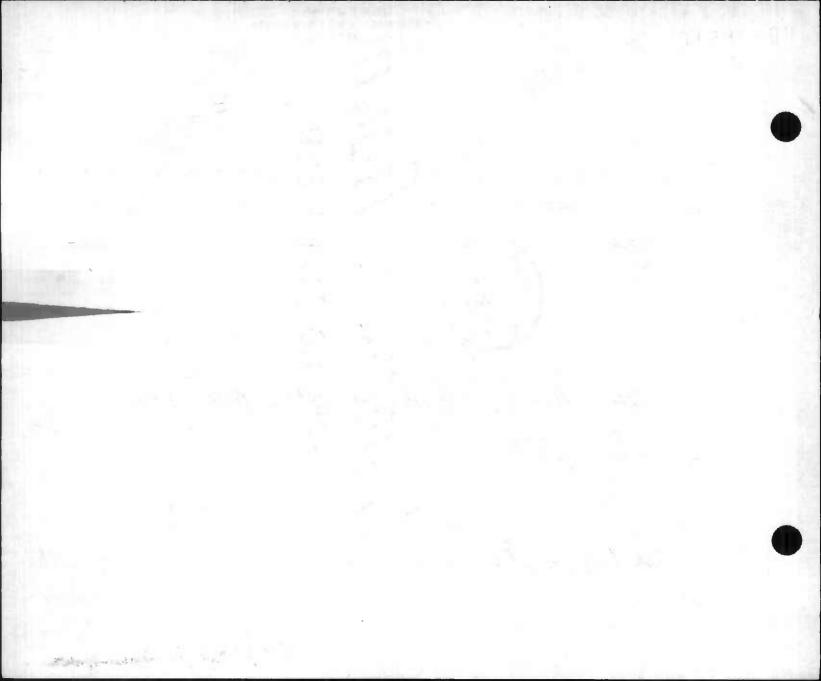
DHMH - 16 60M 7/84 (VRA 15, 4)

BP.

TO FUNERAL DIFE should be detacted with the State Display

Ives-Pearson F. H. Falls Church, Virginia

MAY 23 1986 Julia Savidon Banda



10 HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be retained by the hospital or attending physician.

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

6		4	3	3	1
REG. N	0.			- 13	

U		REGISTRAR			CENTIL	ICAIL O	DENTIL		REG. NO	0.				
		CEASED NAME	FIRST	MIDDLE		AST		20. DATE O	FDEATH	MONTH	DAY	YEAR	2b HOU	JR .
2	(IAbE	OR PRINT!	Marie	M.	_ = 1	Farley	7		May	1	.2 1	986	12:E	2 · M
2	3. SEX	Female		4 RACE White	5. DATE C		1898	6 AGE (IN)	/EARS LAST BIR	THOAY	MONTHS	DAYS .	IF UNDER	MIN.
		RTHPLACE (STATE O	R FOREIGN	7b. CITIZEN OF WHAT COUNTRY	? 8.	NEVE	R MARRIED	9 BALTIMO	RE CITY O	R COUNT	Y OF DE	ATH		
	Was	shington,	D.C.	USA	WIDOWE		DIVORCED [Mon	tgome	ry	163			MD.
		ty or town of DE Lver Sprin	7	11. NAME OF HOSPITAL, NURS (IF NOT IN SUCHFACILITY, GIVE STREE Bel-Pre Health	ET ACORESS)			170 USUAL (TYPE OF WOR House)	K FOR MOST O		LIFE) 12b	KIND O	F BUSINE	SSOR
_	ary	land	13b. COUN	other institution, give residence before the control of the contro	WN	YESX	CITY LIMITS?		ADDRESS /				20	904
d	14. FA	ATHER'S NAME FIRST Frank		NIDDIE LAST Ries			obtaina		MIDDIE	K	ottm	nan		
		VAS DECEASED EVE				17. INFOR	MANT		ADDRE	SS	The state of	15/81/0		
		N/A	N	7A 579-50-2	457	Franc	is J. Fa	rley-s	on- ((same				19-51
		18 CAUSE OF DEA PART I. DEATH	WAS CAUSE	ly one couse per line for (a), (b), a D BY: E CAUSE (a)	SPINO	tory	Arre.	57.				APPROXII	MATE INTER	PEATH
		gave rise to in cause (a), stat	Conditions, if ony, which gove rise to immediate course (a), stating the underlying cause lost. DUE TO, OR AS A CONSEQUENCE OF DUE TO, OR AS A CONSEQUENCE OF											
	PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN								IVEN IN I	PART 11c)			
2	TIFICATION	19a DATE OF OPER	ATION	196 CONDITION FOR WHIC	H OPERATIO	N WAS PER	FORMED	200 AUTO	OPSY?	IN CERT	ES, WERE			TH?
	CAL CERTI	210. ACCIDENT WAS U OR CONTRIBUTING	CAUSE OF DEA	in I	DAY YEAR	21c. HOW	INJURY OCCUR	RED (ENTERN)	ATURE OF INJUI	RY IN ITEM 18	B PARTIOR	PART 2)		
	MEDICAL	21d INJURY OCCU	WHILE	21e PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE	FARM, ETC.)	21f LOCA	(TION REET		CITY OR TO	NWN	60	YINU	S	STATE
		sow the deces	sed alive on	tol) attended the deceased from	fe .	nd that in (a	ny) (our) opinion	, to death occurre	ed on the de	ote and he	., 19 d	7	that (1) (v	
		22b. SIGNATURE	vis'	tophar ane	les i	DEGREE .	ATTENDING PHYSICIAN	MEDICAL DIRECTOR	STAI		22	5/1.	SIGNED	6
	22d. PHYSICIAN'S NAME (1VPE OR PRINT) Christopher Unger, MD 22e. ADDRESS 82.18 Wisconsin Ave., Bethesda,									a, Mo	1.			
		BURIAL, CREMATION (SPECIFY Burial		May 15, 1986 F	ort Li	ncoln			ntwoo				s M	STATE
4	24 Ft	uneral director nes/Rinal	di Fun	eral Home Silve	N.H. r Spri	Ave.	d. 250 DAT	E REC'D. BY I	registrar 1986	25b. REGI	STRAR'S	SIGNATI	URE Sindal	No.

DHMH - 16 60M 7/84

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(VRA 15, 4)

THE RESERVE OF THE PARTY OF THE PARTY.

-08609	FOR - STATE REGISTRAR		DEPARTM	ENT OF HE	OFMARYL ALTH AND CATE OF I	MENTAL HYG	IENE 8 6	NO.	4 8	3 5
	PECEASED NAME FIRST	ristine	AIDDLE	Fass		7	28 My	1586 -	DAY YEAR	26 HOUR A
3. S	Female	4. RACE	te	S. DATE OF		1964	6 AGE (IN YEARS LAST	BIRTHDAY)	IF UNDER I YEAR	IF UNDER 74 HRS HOURS Min.
out 22 49 7a.	BIRTHPLACE (STATE OR FOREIGH COUNTRY) New York	76 CITIZEN OF V	WHAT COUNTRY?	8. MARRIED WIDOWED	□ NEVER	MARRIED XX	9 BALTIMORE CITY Montgom	OR COUNTY	OF DEATH	MD.
10.	CITY OR TOWN OF DEATH	(IF NOT IN SUCI	HOSPITAL, NURSING HEACILITY, GIVE STREET A WOOD NURS	DDRESS)		TITUTION	12a USUAL OCCUPA (TYPE OF WORK FOR MOS Teacher	ITION TOF WORKING LIF	E) INDUSTRY	F BUSINESS OR
	UAL RESIDENCE (# NURSING HO			ADMISSION)		NO [13e.STREET ADDRESS	S / ZIP CODE		
11/50		MIDDLE oren	Fassett			S MAIDEN NAA FIRST Jane	WIDDLE		Reyno	lds
3 pe 6 16a	WAS DECEASED EVER IN U.S. (YES, NO OR UNKNOWN) (IFYE	S, GIVE WAR OR DATES)	579-60-		Mrs.		W. Curtis,	Same 8	address	as #13.
But to the second	18. CAUSE OF DEATH (Ent PART I. DEATH WAS CA	er only one couse per AUSED BY: DIATE CAUSE (a)	line for 101, (b), and	ral C	rescu	elan e	accide	ut	0.0	MATE INTERVAL DINSET AND DEATH
by the attendance con l. cremotion or other traumati	Canditians, if any, whice gave rise to immediate cause (a), stating the underlying cause lass	h (b) e DUE TO, OR	R AS A CONSEQUE				2			
Then ple to burio injury, or	PART 2 OTHER SIGNIFICA	NT CONDITIONS CO	INTRIBUTING TO D	EATH BUT N	OT RELATED	TO THE TERM	NAL DISEASE OR CO	NDITION GIV	EN IN PART 110	
onsit permit. The Hygiene prior to B snows any injur	19a DATE OF OPERATION	19b. COND!	TION FOR WHICH (OPERATION	WAS PERFO	DRMED	20a AUTOPSY?	IN CERTIF	S, WERE FINDIN YING CAUSES S	OF DEATH?
	OR CONTRIBUTING TO CANCE	F DEATH HOUR A.A	M. MONTH DA	Y YEAR	21c HOW IN	JURY OCCURR	ED (ENTER NATURE OF IN	JURY IN ITEM 18 P	ART I OR PART 2)	
ther this certificate the buriol-in thank Mentol arked or Item	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK	21e PLACE C	OF INJURY BET, FACTORY, OFFICE, FA		PIF LOCATION STREET		CITY OR	IOWN	COUNTY	STATE
CTOR: A for use a for use n 21 is mu	22a.1 certify that (1) (this leased alive		10 8	4-		, 19 2 2	eath occurred on the	date and ou	and from the	
ERAL DIRE se detached State Dept ANT: If Her	226 PHYSICIANS NAME (YPE OR PRINT	چنده			-	MEDICAL ST DIRECTOR PHYS	AFF SICIAN []	May May	23, 1986

DHMH - 16 60M 7/84 (VRA 15, 4)

23a. BURIAL, CREMATION, REMOVAL

Burial

Horace W. Bernton

234 NAME OF CEMETERY OR CREMATORY Cedar Hill Cemetery

Suitland, MD COUNTY

4743 Bradley Blvd. Chevy Chase, Md. 20815

250. DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE Lie Davidson Randelle

STATE

74 FUNERAL DIRECTOR Joseph Gawler's Sons, Inc. 5130 Wisconsin Ave., NW, Washington, D.C. 20016

5/27/86

23b. DATE

M. D.

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STATE OF MAKTEAND						
DEPARTMENT OF HEALTH AND MENTAL HYGIEN						
CERTIFICATE OF DEATH						

DEPARTMENT	OF	HEALTH	AND	MENTAL	HYGIENE Q
CE	RTI	FICATE	OF	DEATH	0

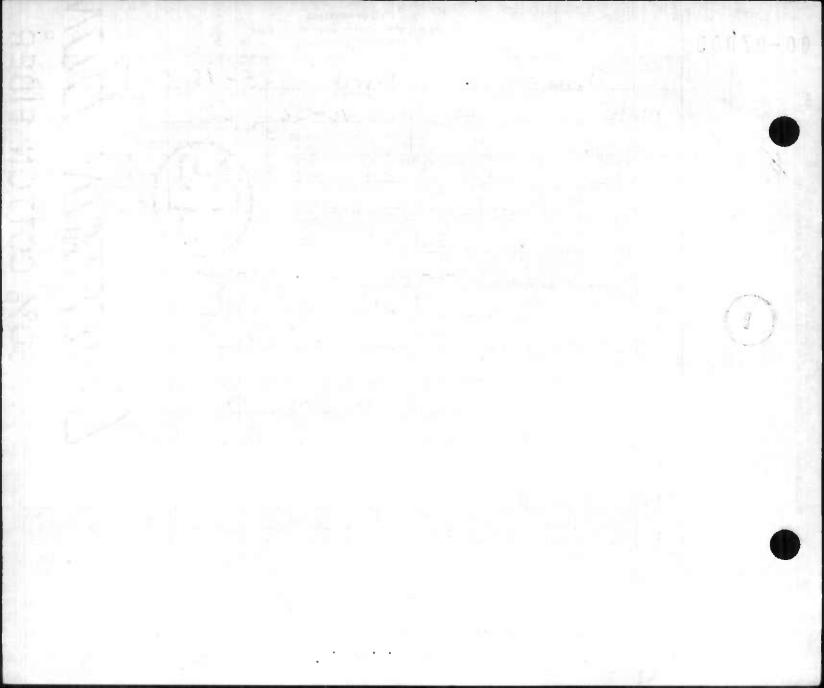
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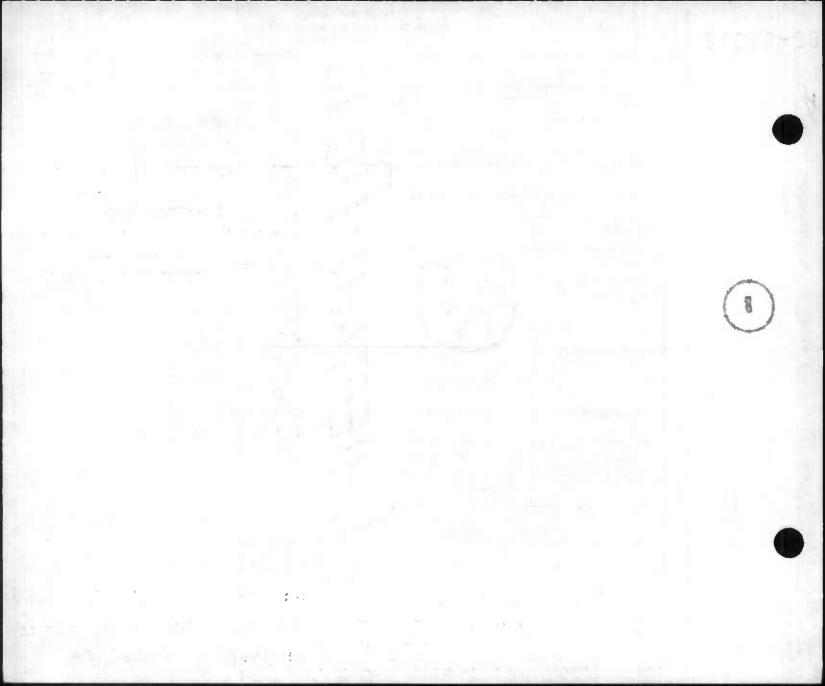
	1-	FOR STATE REGISTRAR			DEP	ARTMENT OF H	ICATE OF DEAT	TAL HYGIE TH	ENE 8 6 PREG. NO.	483	6.
		CEASED NAME	FIRST	,	MIDDLE	7	AST FAYED		20. DATE OF DEATH MONTH	DAY YEAR 26 HO	
1	1		me	5	J.	Ja	yed		5-15-56	8	36/pm
1	3. SE>			RACE		5. DATE		YEAR	AGE (IN YEARS LAST BIRTHDAY)	MONTHS DAYS HOURS	R 24 HRS
		male		V	Vhite	2		20	66 YRS		M.,
7	70 BH	RTHPLACE STATE OR	OREIGN	b CITIZEN OF	WHAT COUN	TRY? 8	D KNEVER MARR	RIED D	BALTIMORE CITY OR COUN	TY OF DEATH	
	Wa	ashington,			SA	WIDOWE	DIVORC	CED D	Montgome	ry	MD.
	10. CI	TY OR TOWN OF DEA	HTA	LIF NOT IN SUC	H FACILITY, GIVE	STREET ADDRESS)	OR OTHER INSTITUT		12a USUAL OCCUPATION UYPE OF WORK FOR MOST OF WORKING	126. KIND OF BUSIN	elf.
		koma Park		Washir	ngton A	Adventis	t Hospita	1 1	lectrical Cont	ractor Empl	oyed
2	13a S	AL RESIDENCE IN NURS	136 COUN		13c CITY OR		13d INSIDE CITY LI	IMITS?	9305 Colesvill	e Road 20	0904
	14. FA	THER'S NAME	N	NDOLE	LAS		15 MOTHER'S MA		MIDDLE .	1447	1
4		John		J.		yed	Mar	У		Fayed	1
		VAS DECEASED EVER	(IF YES, GIVE	WAR OR DATES)		SECURITY NO.	17 INFORMANT	. F	ADDRESS (Same	22 132)	
		Yes	WW.	LL	5/1-2	2-6477	Marion C	. Fay	red-wife- (same		
		18 CAUSE OF DEAT PART I. DEATH W	H (Enter onl	y one couse per	line for (o), (bi, ondic	2.11	1) 1	10at	APPROXIMATE INTE	
				CAUSE (o)		U ym	rules of	191	Ware.	crerin	~
	34			DUE TO, O	R AS A CONS	SEQUENCE OF	16 4-11 DU-	A	lka the	1700	
		Conditions, if ony, gove rise to im-	nediote	(p)		17	A1601002	de	10 as process	1000	
		couse (a), statir underlying couse			R AS A CONS	SEQUENCE OF					
		PART 2 OTHER SIGN	VIFICANT C	ONDITIONS CO	ONTRIBUTING	S TO DEATH BUT	NOT RELATED TO T	THE TERMIN	NAL DISEASE OR CONDITION O	IVEN IN PART TIO	
	NO				ne	e sel	Galian	14/184	nothing .		
2	CERTIFICATION	190 DATE OF OPERA	TION	198 COND	ITION FOR W	HICH OPERATIO	N WAS PERFORME	D		ES, WERE FINDINGS USE	
	TIFF									YES NO [
		210 ACCIDENT WAS UNI		216 TIME O		H DAY YEAR	21c HOW INJURY	OCCURRE	D (ENTER NATURE OF INJURY IN ITEM I	B PART I OR PART ?)	
9	CAL	(IF EITHER NOTIFY MEDI		n	Μ.	19					
Λ	MEDICAL	21d INJURY OCCUR		21e. PLACE		FFICE FARM ETC)	211 LOCATION		CITY OR TOWN	COUNTY	STATE
		AT WORK AT WO	RK	7			1,	11	1-1	4	
		220 I certify that (I) sow the decease obove (II) (we) (W 1.	nd that in (our)	opinion de	eoth occurred on the date and h	our and from the couses st	(we) lost toted
		226. SIGNATURE	/	-	one: deam.		DEGREE	/		22c. DATE SIGNED	
			1	7.		1	PHYS	ICIAN	MEDICAL STAFF DIRECTOR PHYSICIAN	May 16,	1986
		22d. PHYSICIAN'S N	AME IT PE 9	PRINZI	all	Leibowi	tz, / le/w	May	this Auss,	4 20407	
	23a B	BURIAL, CREMATION,	REMOVAL	23b. DATE		23¢ NAME OF C	EMETERY OR CREM	ATORY	23d. LOCATION	COUNTY	STATE
		Burial		5-19-	1986	Glenwoo	od Cemeter		Washington,	DC	
	24. Ft	UNERAL DIRECTOR			11.8	300 N.H.	Ave.	250. DATE	REC'D. BY REGISTRAR 256. REGI		60
	Hi	nes/Rinalo	li Fun	eral Ho	me Sil	ver Spr	ing, Md.	MA	1 7 A 1780 Anny	Davidson-Manda	1000

DHMH - 16 60M 7/84 (VRA 15, 4)

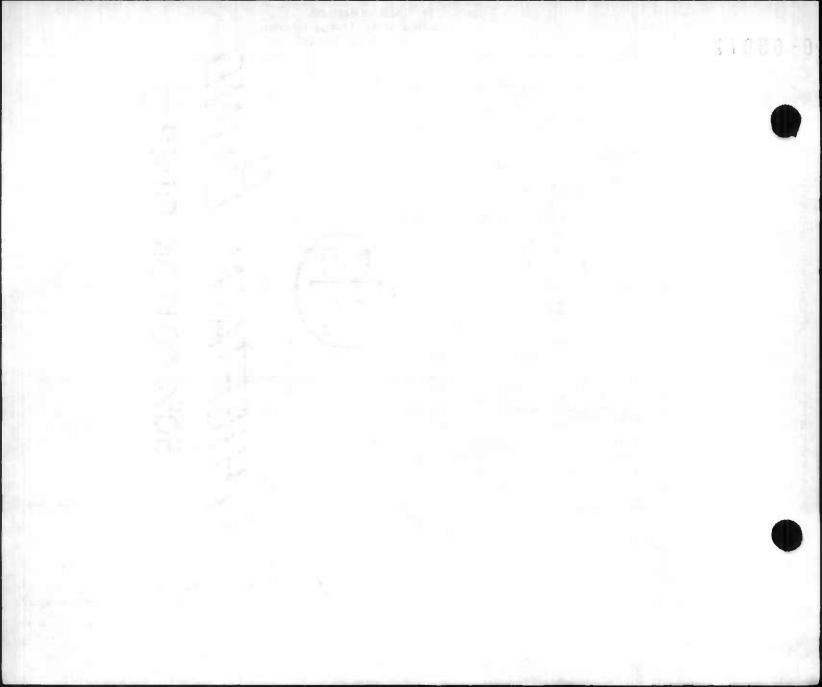
TO HOSPITAL

BP.





							OF MARYLAND							
112	1.	FOR STATE REGISTRAR			DEPA		CATE OF DEATH	SIENE 8	6 REG. NO	. 1	4	ਬ	3	8
n= 10	I. DE	CEASED NAME OR PRINT)		AVID	MIDDLE	(- ·	FEINBERG	2a DATE	1	HTMOM	DAY	YE AR	2b HO	UR
de oth		D-A V				FEINE		5 19	186.				_	
ofter	3. SE	MALE		4 RACE	HITE	5. DATE O			YBARS LAST BIRT	HDAY)	MONTHS	DAYS	HOURS	R 24 HR5 MIN,
11	70 DI	RIHPLACE (STATE OR FO	DDE (Ch)	76. CITIZEN OF			15,1902		ORE CITY OF	YRS	V OF DI	EATH		
2	74 0	NEW JERSEY		U.S.		MARRIED	DIVORCED		NTGOME	_	RY M		MD.	
11	10 C	TY OR TOWN OF DEAT	ТН	_ (IF NOT IN SUC	H FACILITY, GIVE ST		R OTHER INSTITUTION	(TYPE OF WO	L OCCUPATION NAGER		LIFE) INC	DUSTRY		
1000		AL RESIDENCE (IF NURSING ALTE	NG HOME OR			EFORE ADMISSION)	13d. INSIDE CITY LIMITS?			ZIP COD				
22	MF	RYLAND	MUNI	GUMERY	ROCKV.	LLLE			ADDRESS /	ROSE	ROA	'D	208	852
mule	14. FA	THER'S NAME FIRST		MIDDLE	LAST		15 MOTHER'S MAIDEN NA	ME	MIDDLE			LAS	ī	
20		BARNET			FEINB			UNKN		130				
medico		VAS DECEASED EVER I VES NO OR UNKNOWN) NO		MED FORCES? E WAR OR DATES)		07-3563	BARNET FEINE	BERG,N	EPHEW,	581 S	FIEL S.E.	DEAN 15TH	CH,FL I AVI	ORIDA E.
th.		18 CAUSE OF DEATH			fine far (a), (b	, and ic						APPROXI	MATE INTE	ERVAL ID DE ATH
sven	7	PART I. DEATH WA		D BY: E CAUSE (a)	a	surles	- preumme	d				48	an	5
aumatic		Conditions, if any.		DUE TO, O	r as a conse	QUENCE OF	orgestive Lea	A Phi	lure	6		7	week	Rs
I, crema other tr	J	gave rise to imm cause 101, stating underlying cause	g the	DUE TO, O	r as a conse	OUENCE OF	0	U						
a burio ury. or	z	PART 2 OTHER SIGN	IFICANT C	ONDITIONS CO	ONTRIBUTING	TO DEATH BUT	NOT RELATED TO THE TERA	AINAL DISEA	SE OR COND)ITION GI	IVEN IN	PART 110	a	
ou à	CERTIFICATION	190 DATE OF OPERAT	ION	196 COND	ITION FOR WH	IICH OPERATION	N WAS PERFORMED	20a AU	TOPSY?	20b. IF YE	ES, WER	E FINDIN	4GS USE	ED TH2
Show	TIFE							YES 🗌	NO		res 🗌	CHOOLO	NO [
em 18 sh		OR CONTRIBUTING C	AUSE OF DEA			DAY YEAR	21 t. HOW INJURY OCCUR	RED (ENTER	vature of injur	Y IN ITEM 1B	PART 1 OR	PART 2)		
or II	MEDICAL	21d INJURY OCCURR		21e PLACE	OF INJURY		211 LOCATION		CITY OR TOY	VN	cc	OUNTY		STATE
rked	ž	AT WORK NOT WHI	x	(AT HOME ST	REET, FACTORY, OFF	R.E. PAKM ETC)				,				
a B		22a.l certify that	his hospit	tal) attended th	e deceased fro	om lem	26, 19 86	, fo	May	7	198	6	tha (44	(we) lost
21 15		saw the decease	d alive on	Mecas the body	after death	9 % an	d that m (my) our) apinion	death occur	red an the da	te and ho	ivi and f	ram the	causes s	tated
Hem		226 SIGNATURE	100	<u>}</u>	arret dedite]	DEGREE				27	2c. DATE	SIGNED)
= 1		IM	Kly	Rusen		No		MEDICA DIRECTO	R PHYSIC	F IAN 🗌		51	1186	/
IMPORTANT		22d. PHYSICIANS NA	ME TYPE OF	Rose	n		3941 /	Gerrai	ra pr	se,	Sil	vers	pr.	19,4
. ≥₹	23a l	BURIAL, CREMATION, F	REMOVAL	236 DATE 5/6/8			METERY OF CREMATORY BANON CEMETER	23d. LOC			COUN	414		STATE
			TCLIA			TOON! LE			ADELP					JES,N
M 7/B4	24.1	UNERAL DIRECTOR	ATCHA!	WALLE	, INCAPOR	iss of the same	M	AY 7	1986			SIGNAT		مسترية
4)	_	1804 T ST	• , IN • W	· , WASHI	NGTUN, L	1.0. 20	009							



	1			STATE OF MARYLAND		
	11.	FOR STATE	DEPAR	RTMENT OF HEALTH AND MENTAL HYC		4 0 7 0
1-05923		REGISTRAR		CERTIFICATE OF DEATH	B OREG. NO.	9037
00020		CEASED NAME FIRST	MIDDLE	LAST	20. DATE OF DEATH MONTH	DAY YEAR 26 HOUR
1 75	CLIP	Lucille	5.	Fellows	05 0	13 86 640 AM
1 11 0	1.58	~	4 RACE	5. DATE OF BIRTH	6 AGE (IN YEARS LAST BIRTHDAY)	IF UNDER 1 YEAR IF UNDER 24 HRS
- 1 8 AV		1- anala	White	OI 05 03	83 YRS	MONTHS DATS HOURS MIN.
2 43 8/	76. 8	RTHPLACE ISTATE OF FOREIGN	76 CITIZEN OF WHAT COUNTR	Y? B	9 BALTIMORE CITY OR COUNT	Y OF DEATH
1 15/26	Li	JESCONSIN	USA	MARRIED NEVER MARRIED WIDOWED DIVORCED	Montgome	. ru MD
1 3 77	10,0	TY OR TOWN OF DEATH		SING HOME OF OTHER INSTITUTION	120 USUAL OCCUPATION	126 KIND OF BUSINESS OR
自 排 多〇	16	ocklille.	CHENOT IN SUCH FACILITY, GIVE STR	Nursing Home	Housewife	INDUSTRY
1 32 301	USU	AL RESIDENCE (IF NURSING HOME OR	OTHER INSTITUTION GIVE PESIDENCE BEF	ORE ADMISSION)		010 1/4 1/
1 11 20	1	1000	Hopery Rocky	YES NO [Rockville Md	816 Mt. Vernon
1 37 17	ne i	THER'S NAME	7 7	15. MOTHER'S MAIDEN NA	AME	
1 11/6/	1		MIDDLE / LAST	FIRST	MIDDLE	LAST
1 /04		VAS DECEASED EVER IN U.S. AR			2879 Glenor	Andrews
1 60 0	- (20.00	E WAR OR DATES)	2212Dob+ F-11-	2019 Glenor	a Lane
1 11 2		NO -		-2312Robt. Fello	WS ROCKVILLO,	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
1 February		PART I. DEATH WAS CAUSE	17	rev monito.		BETWEEN ONSET AND DEATH
the property	17	IMMEDIA	TE CAUSE (a)	1201111111111111		
he death certifine at the attending planting planting planting planting planting planting even	1.5	C 192	DUE TO, OR AS A CONSEC	QUENCE OF		
to the state of th	30	Canditians, if any, which gave rise to immediate	(b)			
2 6 2 2 2 3 3 4 4 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5		cause ia, stating the underlying cause last.	DUE TO, OR AS A CONSEC	QUENCE OF		Trins. All
2 7 7 7 8		PART 2. OTHER SIGNIFICANT O	CONDITIONS CONTRIBUTING T	O DEATH BUT NOT RELATED TO THE TERM	ANAL DISEASE OR CONDITION OF	V551 61 04 07 1
9 4 9 6	Z	C. /-	, /	10	MINAL DISEASE OF CONDITION GI	VEN IN PART TIG
1 1000	CERTIFICATION	190 DATE OF OPERATION	196 CONDITION FOR WHI	CH OPERATION WAS PERFORMED	20a AUTOPSY? 20b IF YE	S, WERE FINDINGS USED
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00	230	SURTAL, CREMATION, REMOVAL SPECIFY)		NAME OF CEMETERY OR CREMATORY	Suitland M	COUNTY STATE
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(VRA 15, 4)		1331 Rockville I	rike, Rockville,	Md. 20852	1004	

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OR ATTENDING PHYSICIAN: The law

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TO HOSPITAL

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Pages

STATE OF MARYLAND FOR STATE REGISTRAR

DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

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REG. NO.					

3 SE	Female		RACE Whi		S. DATE C		6 AGE (IN YEARS LAST BIR	YRS.	IF UNDER 1 YEAR	IF UNDER 24 HRS
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13a.	AL RESIDENCE (IF NURS STATE MD	13b COUNTY Mont	Υ	13c CITY OR TOW Chevy Ch	N	YES 🔀 NO 🗌	13e STREET ADDRESS / 5810 Ceda	ZIP CODE	kway/20	815
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	(YES, NO OR UNKNOWN)	(IF YES, GIVE V	WAR OR DATES)	216-46-2		George M. Fe			ss as #	13.
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81	Conditions, if any gave rise to imi	mediate	(b)_		al 'I'n	rombosis			2 X	ears
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DHMH - 16 60M 7/B4 (VRA 15, 4)

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TO FUNERAL DIRECTOR: After this certificate has been

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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO 20 DATE OF DEATH DECEASED NAME MONTH 2b HOUR (TYPE OR PRINT) 0 AM 5. DATE OF BIRTH 4 RACE 6 AGE (IN YEARS (AST BIRTHDAY) IF UNDER 1 YEAR IF UNDER 24 HRS 1.5EX BALTIMORE CITY OR COUNTY OF DEATH Th. CITIZEN OF WHAT COUNTRY? 70. BIRTHPLACE MARRIED NEVER MARRIED DIVORCED WIDOWED NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 12b. KIND OF BUSINESS OR IO. CITY OR TOWN OF DEATH F.H.L.B FED. GOVT. (RET) LAL RESIDENCE (IF NURSING lla STATE 113 CITY OF TOWN 13d. INSIDE CITY LIMITS? 13e STREET ADDRESS / ZIP CODE 20783 YES [15 MOTHER'S MAIDEN NAME IL FATHER'S NAME MIDDLE WOODS ETWOOD ELIZABETI 160 WAS DECEASED EVER IN U.S. ARMED FORCES? SOCIAL SECURITY NO 17 INFORMANT (YES, NO OR UNKNOWN) (IF YES GIVE WAR OR DATES) OLLIE LEE FLEETWOOD, 8412 20 APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF Canditians, if any, which 162000100 gave rise to immediate couse (o), stoting the DUE TO, OR AS A CONSEQUENCE OF underlying cause last. (seese --10-3 PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 200 AUTOPSY? 20b. IF YES, WERE FINDINGS USED 190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED IN CERTIFYING CAUSES OF DEATH? NO NO [710 ACCIDENT WAS UNDERLYING 216. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART I OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER) 21d INJURY OCCURRED 21e. PLACE OF INJURY 211 LOCATION CITY OR TOWN STATE (AT HOME STREET, FACTORY OFFICE FARM, ETC.) NOI WHILE 22a I certify that () this haspital) attended the deceased from and that in (my) (our) opinian death occurred an the date and haur and fram the causes stated abave ((1) we) (did) ((id nat) view the bady after death 22c. DATE SIGNED 77% SIGNATURE DEGREE ATTENDING MEDICAL STAFF PHYSICIAN + DIRECTOR PHYSICIAN [DRIANT 22e ADDRESS 724 PHYSICIARIAS NAME THE GREEKS 200 23c NAME OF CEMETERY OR CREMATORY 23a BURIAL CREMATION REMOVAL 73b. DATE

DHMH - 16 60M 7/B4 (VRA 15, 4)

250 DATE REC'D. BY REGISTRAR 736. REGISTRAR'S SIGNATURE

St. 43 (20) 714 (20) LETTER SHE MAN STATE OF THE STA

DHMH - 16 60M 7/B4 (VRA 15, 4)

24 FUNERAL DIRECTOR

FOR

Parklawn Cemetery NAME Francis J. Collinsopres Tr. University Blvd. West Silver Spring

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

Rockville Montgomery Maryland 250 DATE REC'D. BY REGISTRAR 256, REGISTRAR'S SIGNATURE

COUNTY

22c. DATE SIGNED

Accounting

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APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

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STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

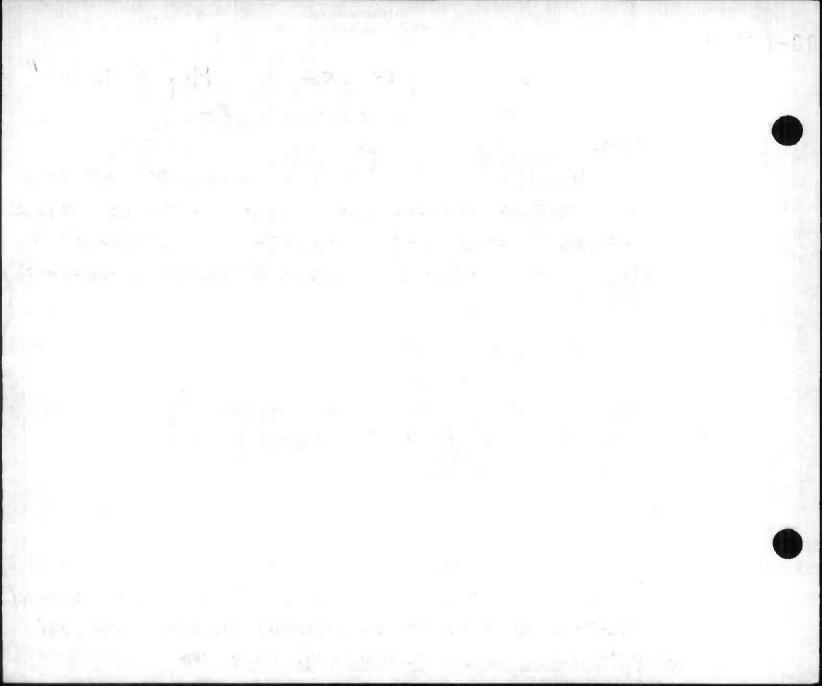
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1-	FOR STATE REGISTRAR	DEPA	ARTMENT OF HEALTH AND ME CERTIFICATE OF DEA	2.9%	6 I	4843
	CEASED NAME FIRST	MIDDLE	LAST C - O - O	20 DATE O		DAY YEAR 26 HOUR
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7a BII	RTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WHAT COUNT	D2 - 20 -	9 BALTIMO	RE CITY OR COUNTY	OF DEATH
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13a. S	TATE 1 136 COUN		TOWN 13d. INSIDE CITY	LIMITS? 130 STREET	ADDRESS / ZIP CODE	
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III. FA		MIDDLE DOC TALE	IS MOTHERS M	ST A C TO	MIDDLE	L/ LAST
160 W	VAS DECEASED EVER IN U.S. AR	MED FORCES? 166 SOCIALS	SECURITY NO. 17 INFORMANT	US/17	ADDRESS	LUND
(7	ES NO OR UNKNOWN) (IF YES, GIV	VE WAR OR DATES) 471-5	4-8600 HELEN	IF KOTH	FAIRFRE	(SMALE AS#
	18 CAUSE OF DEATH (Enter on	nly one couse per line form. Ib		7. 110///	TOPAC	HETWEEN CHIEF STERVE
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	couse (a), stating the underlying cause last	DUE TO, OR AS A CONSE	EQUENCE OF			
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IFICATI	190 DATE OF OPERATION	The CONDITION FOR WH	HICH OPERATION WAS PERFORM	200 AUT		S, WERE FINDINGS USED FYING CAUSES OF DEATH?
	27 Marg	6 Depa	ue opste	YES	NO DY	_
2 8	210. ACCIDENT WAS UNDERLYING CONTRIBUTING CAUSE OF DEA		DAY YEAR 216 HOW INJUI	RY OCCURRED (ENTER N.	ATURE OF INJURY IN ITEM 18	PART ORPART 2)
MEDICAL	(IF EITHER NOTIFY MEDICAL EXAMINER	P.M.	19 21t LOCATION			
MEC	WMILE NOT WHILE	21e PLACE OF INJURY			CITY OR TOWN	COUNTY STATE
	220.1 certify that (I) (this haspi	ital) attended be deceased for	1900	10 812 10	+ Na	19 80 that (1 (w)
		ot view the body after debth.	XXI C. Illa	pinion death occurre	ed on the date and hou	or and from the couses state
	22b. SIGNATURE	view the body after death.	DEGREE	× 1	1	220 DATE SIGNED
	Ven	W/ 10745		ENDING MEDICAL VSICIAN DIRECTOR	STAFF PHYSICIAN	- May
	224 PHYSICIAN'S NAME (TYPE	NA STATE OF THE ST	22e ADDRESS			
	(00).	1 1700 VI	mhter 50	WEST	EDMUNSTON	OR. Rockville
230 B	URIAL, CREMATION, REMOVAL	23b. DATE	73c. NAME OF CEMETERY OR CRE	MATORY 23d LOC	ATION	
	2000	110011 110011	01/01/01/01	CITY	OR TOWN	COUNTY
74 F1	CREMATION INERAL DIRECTOR	MAY 5,1986	CHAMBERS CK	EMPTERY RI	REGISTRAR 256. REGIST	P.G.C. NO

DHMH - 16 60M 7/84 (VRA 15, 4)

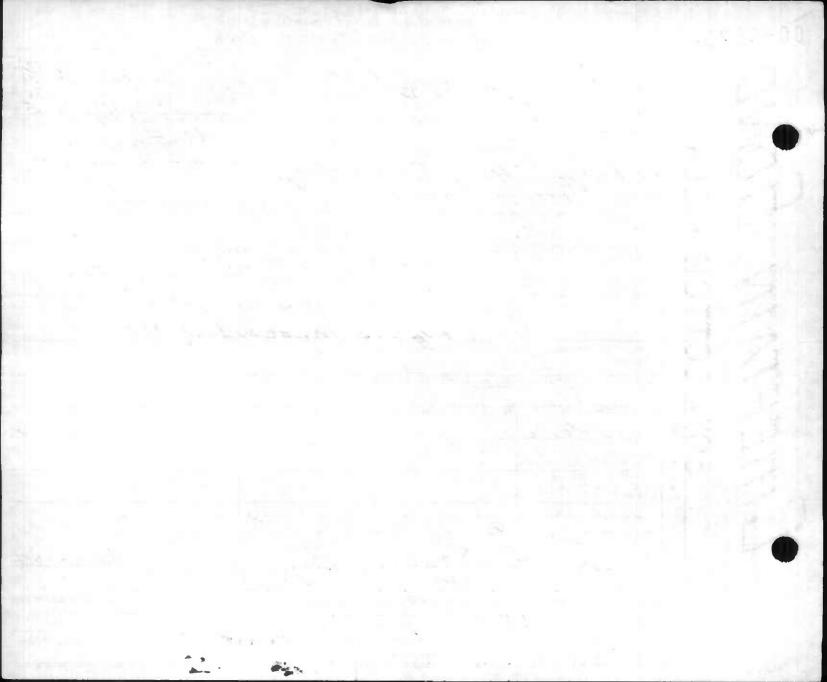
TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician

should be detached for use as the burial-transit permit. Then please remove corban paper with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.





STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE REGISTRAR DECEASED NAME 20 DATE KNOWN (TYPE OR PRINT) OF DEATH MATER IF UNDER 1 YR. IF UNDER 24 HRS DATE MALE DEAD B. CHIZEN OF WHAT COUNTRY? 9 BALTIMORE CITY OR COUNTY OF DEATH MARRIEXXX NEVER MARRIED PENNSYLVANIA USA 11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 20910 13d. INSIDE CHY LIMITS? 13e STREET ADDRESS NO LEONARD DRIVE 8602 14 FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE MORRIS ANNA SANDLER FOX DIVISION 17 INFORMANT 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 8602 LEONARDS DRIVE SARA FOX. 579-16-8321 SILVER SPRING, MARYLAND JSED AS A BURIAL - TRANSIT PERMIT. P. BENEVAL - TRANSIT PERMIT. P. P. HEAITH AND MENTAL HYGIENE, DIVISIT, CREMATION, OR REMOVAL. CAUSE OF DEATH (Enter only one cause per line far (o), (b), and (c).) BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (a DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gave rise to immediate couse (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying couse last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (6) CERTIFICATION USED AS A OF HEALTH 196. CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? ICATE, WRITING THE WORD "I FORWARDED TO THE CHIEF TOR: PAGE 3 SHOULD BE USED THE STATE DEPARTMENT OF H AND, 21201 PRIOR TO BURIAL. YES NO O 21a EXTERNAL CAUSE WAS 216. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR UNDERLYING OR CONTRIBUTING CAUSE OF DEATH P.M 214 INJURY OCCURRED 21e PLACE OF INJURY 211 LOCATION AT WORK NOT WHILE STREET, FACTORY, FARM, ETC.) STATE CITY OR TOWN COUNTY PAGE 4 SHOULD BE FORW TO FUNERAL DIRECTOR: PY AFTER DEATH, WITH THE STA BALTIMORE, MARYLAND, 2 220. I certify that I taok charge of the remains described above, held an Autopsy Inspection and in my opinion Natural couses death resulted from: Accident Hamicide Undetermined manner TITLE (SPECIFY) ACTUAL DR. JOHN S. ROGERS. M. D. 230 BURIAL CREMATION REMOVAL 236 DATE O'LNEY, MONTGOMERY, MARYLAND BURTAL 6/1/1986 JUDEAN MEMORIAL GARDENS BP 07/84 25M M. STEIN HEBREW MEMORIAL FUNERAL HOME **DHMH - 17** (VR A15 ME (5)) 232 CARROLL STREET N. W. WASHINGTON, D. C.



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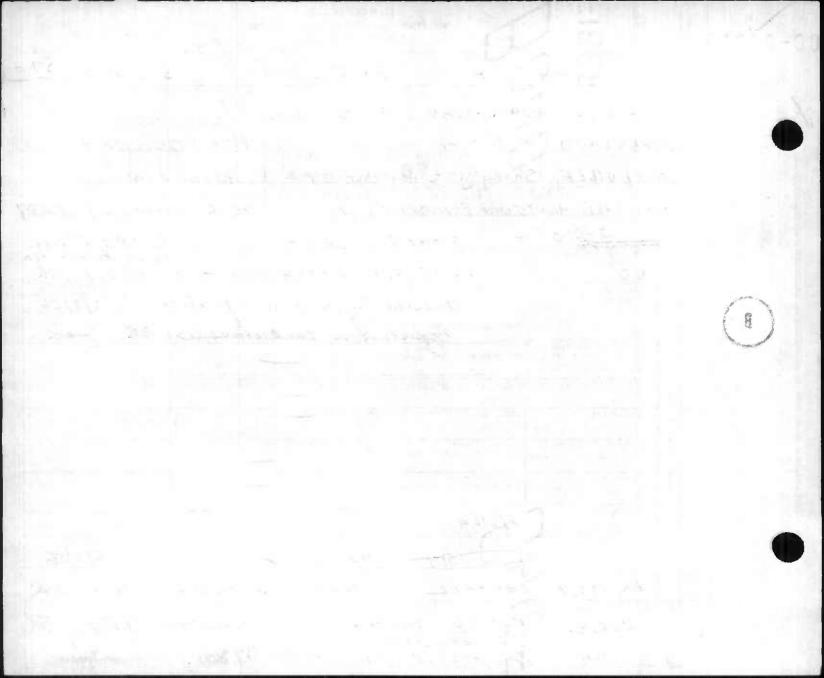
FOR STATE REGISTRAR STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE
CERTIFICATE OF DEATH

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	2	Rad	(3	-7	
REG. NO.					

1. DECEASED NA	ME FIRST	MIDDLE	£AST.	28 DATE OF DEATH MO	NTH DAY YEAR 26 HOURS
(TYPE OR PRINT)	LANA	F	FRITZ	5	7 3 1986 12 =
3. SEX		RACE	5. DATE OF BIRTH	6. AGE (IN YEARS LAST BIRTHO	
FEA	JAIE 6	CAUGASIAN	8 3/ 1908	77	YRS DAYS HOURS
		CITIZEN OF WHAT COUNTRY?	8	9. BALTIMORE CITY OR C	
COUNTRY)		1160	MARRIED NEVER MARRIED	Man	- 11:501
18. CITY OR TOW	LAND III	NAME OF HOSPITAL NURSIN	WIDOWED → DIVORCED □ IG HOME OR OTHER INSTITUTION ()	12a USUAL OCCUPATION	126 KIND OF BUSINESS
0	1	IF NOT IN SUCH FACILITY, GIVE STREET	ADDRESS)	TYPE OF WORK FOR MOST OF W	
NOCK	VILLE	shady grove	tavents+ Hospital	HOUSEL	DIFE
130 STATE	136 COUNTY	HER INSTITUTION, GING ESIDENCE BEFORE 13c. CITY OR TOW		13e.STREET ADDRESS / Z	IP CODE
MARYL	AUD MONT	TECHES PUDLES	VILLE YES NO [19530 FIS	HER AVE 208
14 FATHER'S NA		DDLE LAST	15. MOTHER'S MAIDEN NA	AME	LAST
CHA	JACOB ME	T F15H		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	MORNIN ISSTA
	SED EVER IN U.S. ARME			ADDRESS	19530 FISHER A
TYES, NO OR UNK	(IF YES, GIVE W	216-05-	1868 BLENDA	PARRICH DI	COLESUILLE MO
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		DUE TO, OR AS A CONSEOU	ENCE OF	. 0	N-3
Condition	s, il ony, which		uling joe coud	io vaxeulas	ors years
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	o), stating the	DUE TO, OR AS A CONSEQU	ENCE OF		
underlying	g couse lost.	((c)			
DADT 2 OI	THER SIGNIFICANT CO		DEATH BUT NOT RELATED TO THE TERM	ANIAL DISCASS OR CONDIT	ION CRIENT BLOADT 3.
	THER SIGNIFICANT CO	INDITIONS CONTRIBUTING TO	DEATH BUT NOT RELATED TO THE TERM	MINAL DISEASE OR CONDIT	ON GIVEN IN PART 110
19a DATE C	OF OPERATION	195 CONDITION FOR WHICH	OPERATION WAS PERFORMED	28a AUTOPSY? 2	Ob. IF YES, WERE FINDINGS USED
S IN DAIL C	N OFERATION	170. CONDITION TOR WINCH	OFERATION WAS FERI ORDER	18	CERTIFYING CAUSES OF DEATH
Ĭ.				YES NO	YES NO
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	NOTIFY MEDICAL EXAMINER)	P.M.	19		
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obove		view the body ofter death.		death occurred on the date	and hour and from the couses state
226. SIGNA	ATURE		DEGREE		22c DATE SIGNED
		8	MD ATTENDING	MEDICAL STAFF DIRECTOR PHYSICIAN	573/86
22d. PHYSIC	CIAN'S NAME (TYPE OR P	RINT)	22e ADDRESS	,	
Ac.	05077	LEKAGUL	7425 ans	1. 4. PA	Belleda, We
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23a. BURIAL, CRE.	MATION, REMOVAL	. 0.	NAME OF CEMETERY OR CREMATORY	Z3d. LOCATION	COUNTY STAT
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24 FUNERAL DIR				TE REC'D. BY REGISTRAR 256	
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DHMH - 16 50M 4/83 (VRA 15, 4)

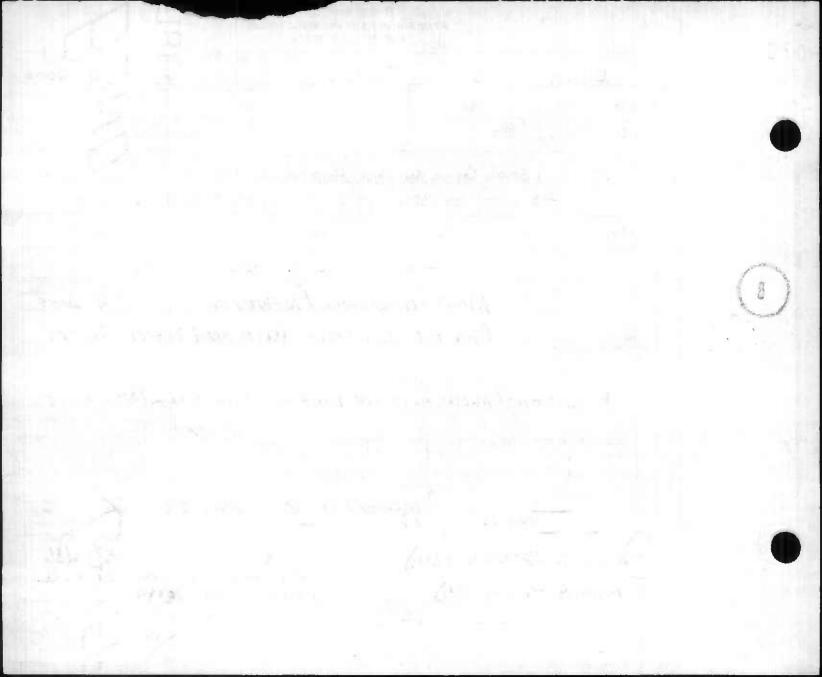
TO FUNERAL DIRECTOR, After this certificate has been signed by the should be detached for use as the burial-transit permit. Then please rewith the State Dept. of Health and Mental Hygiene prior to burial, crem



BP______ DHMH - 16 50M 4/83 (VRA 15, 4)

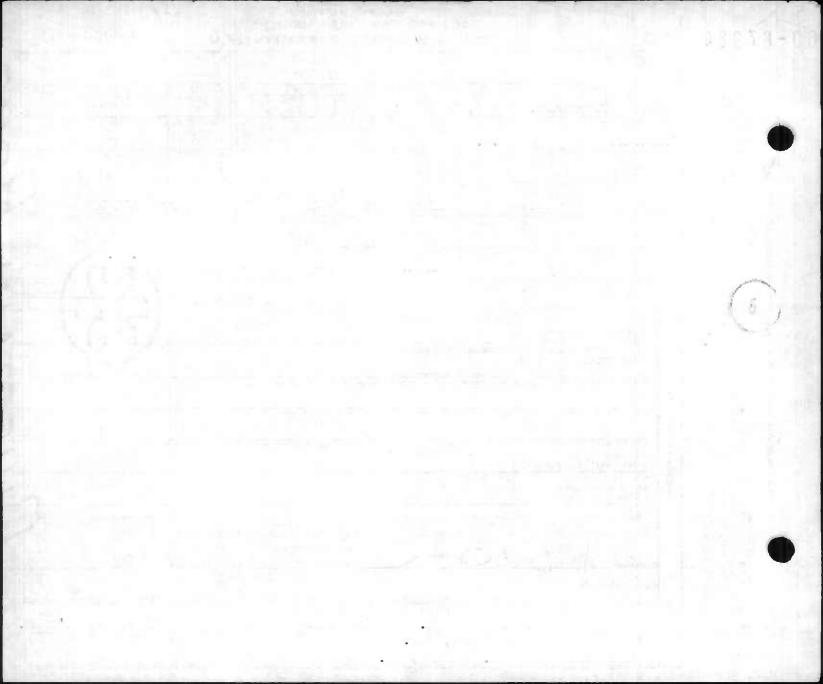
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	1 -	FOR STATE REGISTRAR			STATE OF MARYLA T OF HEALTH AND M ERTIFICATE OF DI	ENTAL HYG	REG. NO.			4 0
7		CEASED NAME FIRST EILEEN	MIDDLE		Furlow		20. DE OF DEATH M	5 - 23-	8/0	1200A
	3. SE	116611	4. RACE White	5. (DATE OF BIRTH 9 18 DAY	1 74 R	6. AGE (IN YEARS LAST BIRTHE		NDER I YEAR	IF UNDER 24 HRS HOURS MIN.
3		RTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WHAT O		MARRIED A NEVER M	ARRIED ORCED	9. BALTIMORE CITY OR Montg	COUNTY OF	DEATH	MD.
5	10. CI	Rockville	11. NAME OF HOSPIT.		ESS)	. \ .	12a USUAL OCCUPATION (TYPE OF WORK FOR MOST OF V Homemaker		NDUSTRY	F BUSINESS OR
5	USU/ 13a. S	AL RESIDENCE (IF MURSING HOME O		CRVIIIO	13d INSIDE CIT	TY LIMITS?	13 SPET APPRESS 1	IP SOPE	20850	0
1		StanTey	MIDDLE	Davis	IS. MOTHER'S		ME	Gr	eenë	ī.
1				26-14-4			address urlow same as			
	TION	Conditions, if ony, which gove rise to immediate cause [a], stating the underlying cause lost. PART 2. OTHER SIGNIFICANT EPLOCU	DUE TO, OR AS A (b) DUE TO, OR AS A (c) CONDITIONS CONTRIB	CONSEQUENCE CONSEQUENCE CONSEQUENCE UTING TO DEAT	ER LOBE E OF BSTRUCTIVE E OF TH BUT NOT RELATED F LATE LUM	TO THE TERM	H. RIGHT LUM	TION GIVEN II	4 20 IN PART 110	AUES
2	L CERTIFICATION	198. DATE OF OPERATION 218. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE	21b. TIME OF INJUI	RY	RATION WAS PERFOR			20b. IF YES, WE IN CERTIFYING YES IN ITEM 18 PART I	G CAUSES	
	MEDICAL	(IF EITHER, NOTIFY MEDICAL EXAMINE 21d. INJURY OCCURRED WHILE AT WORK AT WORK			21f LOCATIO STREET	N	CITY OR TOWN	vi	COUNTY	STATE
1		22e. I certify that (I) (this hope saw the deceased alive an above, (I) (this did) (did) (this NATURE	Procone	1986	DEGREE	TTENDING HYSICIAN	PHYSICIANS	AN 🗆		SIGNED
		BURIAL, CREMATION, REMOVAI (SPECIFY) Burial			of Heaven	REMATORY	Rockville	Montgo		Md STATE
	24. FI	onard V. Borgwa	rdt 6400 Po	wder Mi	11 Rd •	SADAI	PREC'D BY REGISTRAR 25	b. REGISTRAR	SSIGNAT	URE



in the man to conserv to make the CONTRACTOR OF THE PARTY OF THE

STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE 1 - STATE MEDICAL EXAMINER'S CERTIFICATE OF INFATO REGISTRAR 1. DECEASED NAME 20 DATE KNOWNX7 (TYPE OR PRINT) ESTI-5-26-86 FUNERAL DIRECTOR. E 5 FOR YOUR FILES. D, WITHIN 72 HOURS W. PRESTON STREET, **JAMES** GARNER DEATH MATED 3 SEX 4 RACE DATE OF BIRTH AGE (IN YEARS IF UNDER 1 YR. IF UNDER 24 HRS DATE 2d HOUR LAST BIRTHDAY) PRONOUNCED 1:40 May 9, 1964 Male Caucasian DEAD 7h. CITIZEN OF WHAT COUNTRY? 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED FOREIGN COUNTRY Montgomery County Virginia U.S.A IR CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 120 USUAL OCCUPATION (TYPE OF WORK 17h KIND OF BUSINESS FOR MOST OF WORKING LIFE! HOLV Cross Hospital Silver Spring N/A N/A USUAL RESIDENCE LIFTIN NURSING HOME OR OTHER INSTITUTION. GIVE RESIDENCE BEFORE ADMISSIONAL 13r. CITY OR TOWN 13d INSIDE CITY LIMITS? 13e STREET ADDRESS Silver Spring 12001 Cherry Hill Rd Maryland Montgomery YEXX NO [14 FATHER'S NAME 15 MOTHER'S MAIDEN NAME FIRST ANIDDLE Harry Justice Garner Nancy Ann I WAS DECEASED EVER IN U.S. ARMED FORCES 16h SOCIAL SECURITY NO 17 INFORMANT ADDRESSP. O. Box 652 (YES, NO. OR UNKNOWN) I (IF YES, GIVE WAR OR DATES) N/A N/A 214-84-6561 Clinton, Maryland 20735 Harry Garner 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY Mental retardation with complications IMMEDIATE CAUSE (a). DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gove rise to immediate couse (o) stoting the under-DUE TO, OR AS A CONSEQUENCE OF lying couse lost EXECUTE THE CERTIFICATE, WRITING THE WORD "PENDING" IN PAGE 4 SHOULD BE FORWARDED TO THE CHIEF MEDICAL EXA TO FUNERAL DIRECTOR: PAGE 3 SHOULD BE USED AS A BURIAL AFTER DEATH, WITH THE STATE DEPARTMENT OF HEALTH AND ME BALLIMORE, MARYLAND, 21201 PRIOR TO BURIAL, CREMATION, PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO GEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 In CERTIFICATION 19a, DATE OF OPERATION 19% CONDITION FOR WHICH OPERATION WAS PERFORMED? 28 AUTOPSY? YES NOX 21a. EXTERNAL CAUSE WAS 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR UNDERLYING OR CONTRIBUTING CAUSE OF DEATH 214 INJURY OCCURRED 21e PLACE OF INJURY (AT HOME 211 LOCATION STREET, FACTORY, FARM FIC) WHILE AT WORK CITY OR TOWN Inspection X 220. I certify that I took charge of the remains described above, held an Notural causes X Accident Homicide ______ Undetermined monner TITLE (SPECIFY) 5-27-86 Assistant Ann M. Dixon, M.D. 111 Penn St., Balto., Md. 21201 (TYPE OR PRINT 23d LOCATION 23a BURIAL, CREMATION, REMOVAL 23b DATE 23c. NAME OF CEMETERY OR CREMATORY Burial 05/30/86 Ft. Lincoln Cemetery Suitland Prince George's Md. 07/84 Lee Funeral Home, Inc. 250. DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE **DHMH - 17** (VR A15 ME (663)3 Old Alexander Ferry Rd. Clinton, Md. 20735



00-07545

	STATE	OF M	ARYL	AND
A DTRACAL	TALM	LALTH	AND	BAENIT

	1-	FOR STATE REGISTRAR					EALTH AND MENTAL H	Ö	6 REG. NO		4 8	5	
1		CEASED NAME OR PRINT)	GRIF		Waverly	G	ARWOOD	2a DATI	May 21,	198	6	10:1	-5 _M A
	3. SE)	Male		4 RACE White		5 DATE C	1 3, 1902 YEAR	6 AGE 84	(IN YEARS LAST BIRTI	HDAY) YRS.	IF UNDER 1 YEAR		MRS MIN.
2		RTHPLACE (STATE OR OH)		U.S.		MARRIE		_ N	MORE CITY OF	ry	Y OF DEATH		MD.
)	F	TY OR TOWN OF DE Rockville		10500	Rockvil	le Pi	R OTHER INSTITUTION		work for most of aty Con		12b KIND (INDUSTRY rency	Fed. G	or Fort.
5	130 S	AL RESIDENCE (IF NUR STATE 1D	13b COUN Mon	OTHER INSTITUTION TY	ROCKVII		13d. INSIDE CITY LIMITS? YES X NO []		ET ADDRESS /	zip cop kvi I	le Pike	085	2
1		Joseph		WIDDLE	Garwood		15 MOTHER'S MAIDEN N	NAME	MIDDLE			acker	2007
1		VAS DECEASED EVER (ES. NO OR UNKNOWN)		MED FORCES? E WAR OR DATES)	579-58-4		Griffith L	ane Ga				on St.	•
		18 CAUSE OF DEAT PART I. DEATH V	VAS CAUSEI	y one couse per DBY: E CAUSE (0)	RESPI		ORY FAI	LUR	E			ONSET AND DE	
		Conditions, if ony gove rise to im couse (o), state underlying cous	mediate ng the	(b)_	R AS A CONSEQUE WIDE R AS A CONSEQUE CARCI	SIRE		75785	ES	7.5	9/	no	
	NOI	PART 2 OTHER SIG	ME	. (6)			NOT RELATED TO THE TE				10		_
7	CERTIFICATION	19a DATE OF OPERA	TION			OPERATIO	n was performed	20a A	NO NO	IN CERTI	S, WERE FIND IFYING CAUSE ES []	NGS USED S OF DEATH?	?
7		210. ACCIDENT WAS UN OR CONTRIBUTING (IF EITHER NOTIFY MED	CAUSE OF DEA	''n	PFINJURY M. MONTH DA M.	YEAR	21c. HOW INJURY OCC	URRED (ENTE	R NATURE OF INJUR	Y IN ITEM 18	PART 1 OR PART 2)		
	MEDICAL	21d INJURY OCCUR	THILE	21e PLACE (AT HOME ST	OF INJURY REET FACTORY OFFICE F	ARM ETC)	711. LOCATION STREET		CITY OR TOV	VN	COUNTY	51A1	TE
		22a. I certify that (f sow the decea- above, (f) (we)	sed olive on.	5/	20 19 1	2	nd that in (my) (our) apinio	on death acc	urred on the do	te and ho	ur ond from the	that (I) (we couses state	
		Friella	rdiffe	felai	whey				CAL STAF		5/2	22/8	7
1		Richard		elaney,	M.D.		4323 Havard	Stree	et, Sil	ver S	Spring,	Md. 20	0906
	(BURIAL, CREMATION		5/24/8	6 Co	lumbi	EMETERY OR CREMATOR a Gardens Ce	em •	AFT OWVA		COUNTY	STAI	TE.
	24 FL	JNERAL DIRECTOR NAME 5130	Josep WI Av	h Gawle e. NW W	r's Sons,	Inc. 20016	25a C	MAY 2	6 1986		TRAR'S SIGNA		Ries .

DHMH - 16 60M 7/84 (VRA 15, 4)

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IMPORTANT: If Item 21 is

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					TATE OF MARYLAND			
7519		STATE REGISTRAR			OF HEALTH AND MENTAL HY TIFICATE OF DEATH	REG. NO.	148	5 2
11/6		CEASED NAME FIRST	mie o.	. (asch	20 DATE OF DEATH MO	NTH DAY YEAR	25 HOUR 250 AM
rs afte	3. SE	Female	4. RACE White		TE OF BIRTH	6 AGE (IN YEARS LAST BIRTHD.	MONTHS DAYS YRS	HOURS MIN
n 72 hou		RIHPLACE (STATE OR FOREIGN COUNTRY) shington, D.C.	76. CITIZEN OF WHAT C	MA	RRIED NEVERMARRIED DWED X DIVORCED	9 BALTIMORE CITY OR C		MD.
offised of	10. C	ty or town of DEATH	11. NAME OF HOSPITA	AL, NURSING HO	ME OR OTHER INSTITUTION	120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF W	ORKING LIFE) 126 KIND O	OF BUSINESS OR
filled in by the	USU.	AL RESIDENCE (IF NURSING HOMEO STATE 136 COU 1ryland P.	ROTHER INSTITUTION, GIVE RESI NTY 13c. CIT	DENCE BEFORE ADMISS YOR TOWN ttsville	13d. INSIDE CITY LIMITS?	Housewife		
nd 2 sho		THER'S NAME FIRST Carl	MIDDLE	LAST	15. MOTHER'S MAIDEN N.	MIDDLE	LA	ST
Pages 1 o		VAS DECEASED EVER IN U.S. AF	RMED FORCES? 16b SO	Lasanska OCIAL SECURITY N 7-72-425!			201 Town F	restein arm Road
physicial physic		18 CAUSE OF DEATH :Enter of PART II DEATH WAS CAUSH IMMEDIA			An four	And the second name of the second		ONATE PRIERVAL ONOSE AND DEATH
e death ce attending mave carbi atfan, ar r traumatic		Conditions, if any, which gave rise to immediate	DUE TO, OR AS A C	CONSEQUENCE O	OF.			
that the	1	cause iol. sharing the underlying coose four. PARI-2 OTHER SONIFICANT	DUE TO, OR AS A C			MIN A DISEASE OR COWDIT	YOU COVEN BY BART I	
law requires s been signe train. Then ple prior to bur s any injury, o	CATION	THE OPERATION	LWHY	DR WHICH OPER	me	some	BUT YES, WERE FIND!	NGS USED
	CERTIFICATION	No. ACCEDENT WAS UNDERTRING. [and the state of t		7 U 21c HOW INJURY OCCU	VES NO.	VES CAUSES	NO []
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OR ATTEND ne haspital a DIRECTOR; , ached far use Dept. af Hea If Item 21 is m		sow find december all you obove 11 we ided ided a 221/51GN SURE	ti view the bedy offer de	oth 10 60	DEGREE	death occurred on the date		SIGNED
By the det		22d PHYSICIAN'S NAME (TYPE		VVV	22e ADDRESS	MEDIPAL STAFF		1/100
retained I	230 5	Lewis H. Den		23, NAME	OF CEMETERY OR CREMATORY	lvd. E. Silve	er spring,	Maryland
BP		SPECIFY) RITTIAL ~			Tingola Carrie	Brentwood	P.G.	Mary land

Maryland 5/22/86 Fort Lincoln Comptery

230 DATE RECID BY REGISTRAR 256 REGISTRAR'S SIGNATURE

Taville, Maryland MAY 26 1986 Juna Davidson Burial ~ 24 FUNERAL DIRECTOR DHMH - 16 60M 7/84 F. Gasch's Sons F.H. P.A. Hyattsville, Maryland (VRA 15, 4)

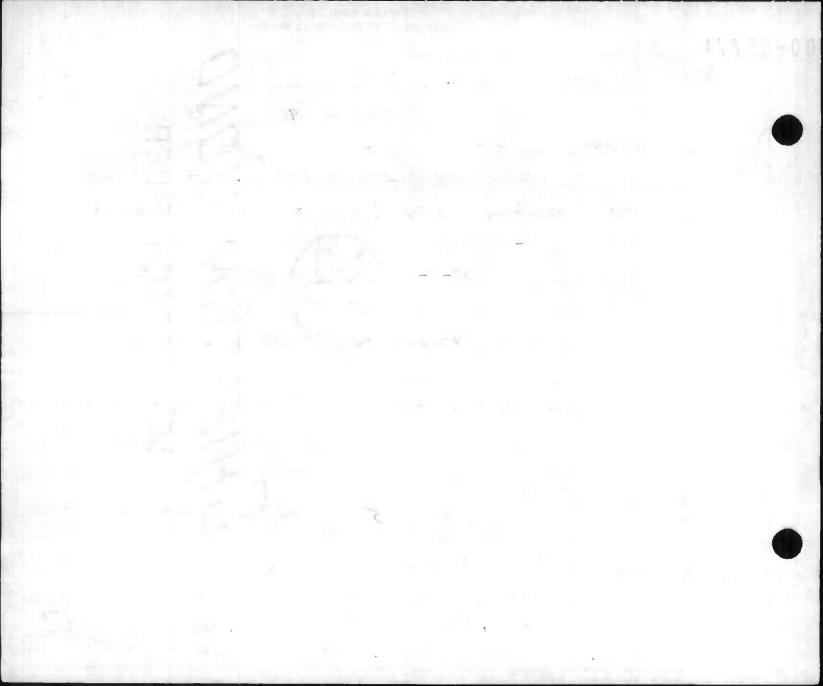
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	REG. NO.	4	ठ	5	3

-05774	1 - STATE RECISIRAR		DEPARTA		ATE OF DEATH	SIENE 8 GREGINO	1 4 8	5 3
	T PECEASED NAME	FIRST	MIDDLE	LAS		20 DATE OF DEATH		20 110011
9 11		ose	L.	Ger	ig	May	4, 1986	8:00PM
ge 4 moy	3. SEX FEMALE	4 RACE WHIT	€	5. DATE OF	BIRTH DAY YEAR OF 91	6 AGE (IN YEARS LAST BIRTH	MONTHS DAY	
nerol dir	70. BIRTHPLACE (STATE OF COUNTRY)		WHAT COUNTRY?	8. MARRIED WIDOWED	NEVER MARRIED	9 BALTIMORE CITY OR Montgor		MD
by the full is a with sold with	Olney	ATH 11. NAME OF	CH FACILITY, GIVE STREET	IG HOME OR	other institution 1 Hospital	120 USUAL OCCUPATIO	N 12b. KIND WORKING LIFE) INDUSTR	O OF BUSINESS OR RY
y filled in	USUAL RESIDENCE (IF NUR 130. STATE	SING HOME OR OTHER INSTITUTION 13b. COUNTY		ADMISSION)	BILLINSIDE CITY LIMITS? YES NO X	130 STREET ADDRESS /		20832 PEIVE
ond 2	GERSON	MIDDLE SC	HERZ INGER		CATHERIN	WIDDLE	YERLEIN	LAST
Poges 1		(IF YES, GIVE WAR OR DATES)	16b. SOCIAL SECU		7 INFORMANT	ADDRES	S	
r the attending physicic e remove carbonpoper cremation, or removal. ther traumatic event, the	Conditions, if on gave rise to im couse 10, stori underlying cous	mediate ng the DUE TO. C	DR AS A CONSEQUE	NGESTI ENCE OF ILAR A	VE HEART TEART DISE	- FAILURE	APPR BETWEE	OXIMATE INTERVAL EN ONSET AND DEATH
on. To see signed by the pression of the prior to buriol, of the prior to buriol, of the prior to buriol, or of the prior to the prior	PART 2 OTHER SIG	NIFICANT CONDITIONS C		EART (USERSE / C			PRESMONITI DINGS USED
r this certificate the burial-transion Mental Hygined and Mental Hygined at Item 18 sh	210. ACCIDENT WAS UND OR CONTRIBUTING (IF EITHER NOTIFY MEE AT WORK AT WORK AT WORK AT WORK)	CAUSE OF DEATH HOUR A	OF INJURY .M. MONTH DA .M. OF INJURY REET, FACTORY, OFFICE F	AY YEAR	TIE LOCATION STREET	RED (ENTER NATURE OF INJURY		STATE
AL OR ATTENDING The hospital or o AL DIRECTOR: After Ste Dept. of Health T: If them 21 is mork	22a I certify the) this hospital) attended t			GREE ATTENDING	deoth occurred on the dot MEDICAL STAFF	22c. DA	the couses stoted TE SIGNED
TO HOSPITA etoined by TO FUNER, should be d with the Sto	22d. PHYSICIAN'S N	IN THEASON	, .m	2	720 ADDRESS 72		CLARKS	Nice in
BP	230 BURIAL, CREMATION (SPECIETY BURIAL)	, REMOVAL 236. DATE MAY 8			WOOD CEMETER	RY FT. WAYNE	ALLEN	INDIANA
DHMH - 16 60M 7/84	24 FUNERAL DIRECTOR	BARRER T.A	VTONSVF#1.	E. MD.	20879 Z50. PA	TE REC'D. BY BE SEAR 2		- TARK

DHMH - 16 60M 7/ (VRA 15, 4)



0-06084	J.	FOR STATE REGISTRAR			DEPART	MENT OF H	OF MARYLAI	ENTAL HYGI	ENE 8	6 REG. NO	o.	4	8	5 5
noy be		CEASED NAME OR PRINT)	FIRST RL Uth	лн 🕠	MIDDLE	20. DATE OF DEATH MONTH DAY YEAR 26 HOUR 5 5 86 140					400 _m			
office 4	3. SE	FEMALE		WHI.		5. DATE C	F BIRTH	YEAR 13		12	YRS		ATS HO	INDER 24 HRS URS MIN.
th. 72		RTHPLACE (STATE OR FO				WIDOWE	MARRIED NEVER MARRIED WIDOWED DIVORCED		MC	NTGOM	ERY	TY OF DEAT		MD.
by the filed w	T	AKOMA PARK		NOT IN SUC	HOSPITAL, NURS IN	ADDRESS	UEN L	at No	TYPE OF WOR	OCCUPATION FOR MOST OF	F WORKING	UFEL INDUS	TRY	SINESS OR
hin 24 hour should be next be	N	EW YORK	SULL!	VAN	13¢ CITY OR TOWN	E ADMISSION)		time of		ADDRESS /	ZIP GA	RDENS	APTS	1199
uted within completely 1 and 2 sh	114. F/	HARRY	N	IDDLE	KATZ		15 MOTHER'S FÁ	NNIE	AE .	MIDDLE	_	SCHWA	RTZ	
be execu		vas deceased ever II yes, no or unknown) NO		MED FORCES? WAR OR DATES)	116-28		STUART (COLDBERG	,50N,41	WINFR				
ires that the death certificate greed by the attending physician please remove carbon paper buriol, cremotion, or removal.		Conditions, if any, gove rise to imm couse (a), stating underlying couse	which ediote the	DUE TO, O DUE TO, O DUE TO, O (c)	Septic RAS A CONSEQUE POSSIBLE	She ENCE OF Plictor ENCE OF	in Disi	neumo	na					INTERVAL FAND DEATH
e low requires on the permit. Then permit. Then permit of the permit of	CERTIFICATION	PART 2 OTHER SIGN			ONTRIBUTING TO		1		200 AUTO		20b. IF Y	ES, WERE FI	NDINGS USES OF I	USED DEATH?
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OR ATTENDING OR ATTENDING the hospital or of DIRECTOR. After oched for use as Dept of Health If hem 21 is morth		220.1 certify that (1) (sow the decease above (1) we) (0) 22b SIGNATURE	this hospite	view the body	e deceosed from			our) opinion d	MEDICAL	_ STAF	F _			NED
HOSPITAL found by the Defined by the bould be deto in the State (PORTANT: H	6	226. PHYSICIAN'S NA		- 10			22e ADDRESS		Car	2011	Mo	0	915	Z

DHMH - 16 60M 7/84 (VRA 15, 4)

FUNERAL DIRECTOR I. J. MORRIS, INC. 21 EAST DEER PARK RD., DIX HILLS, NY 24 FUNERAL DIRECTOR

5/7/86

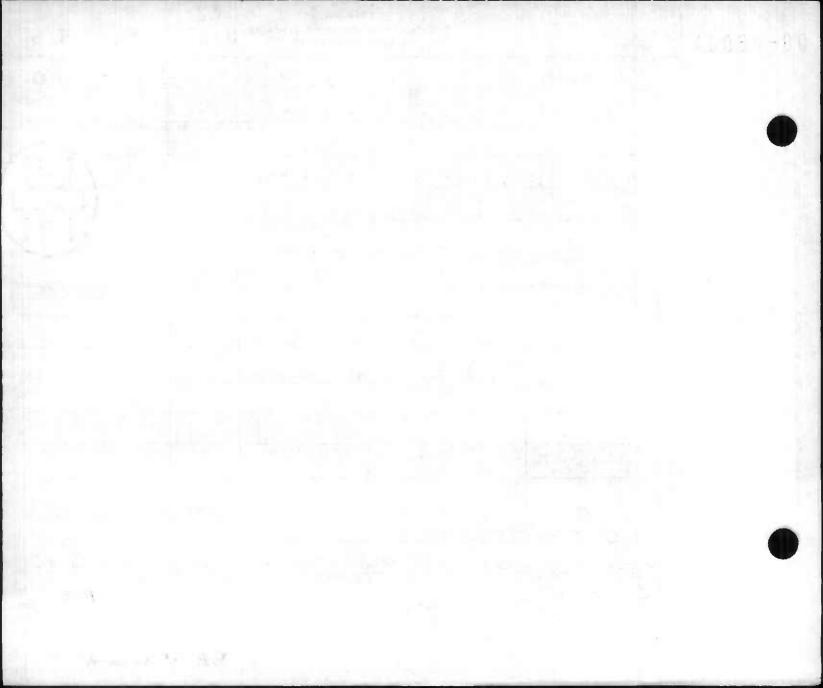
23a BURIAL, CREMATION, REMOVAL (SPECIFY) BURIAL

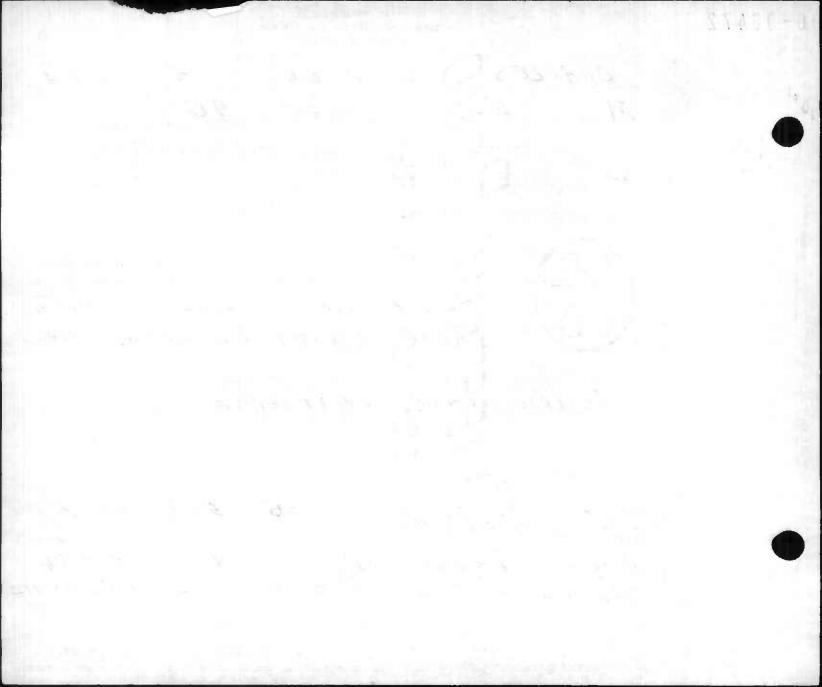
236 NAME OF CEMETERY OR CREMATORY
BETH ISRAEL CEMETERY

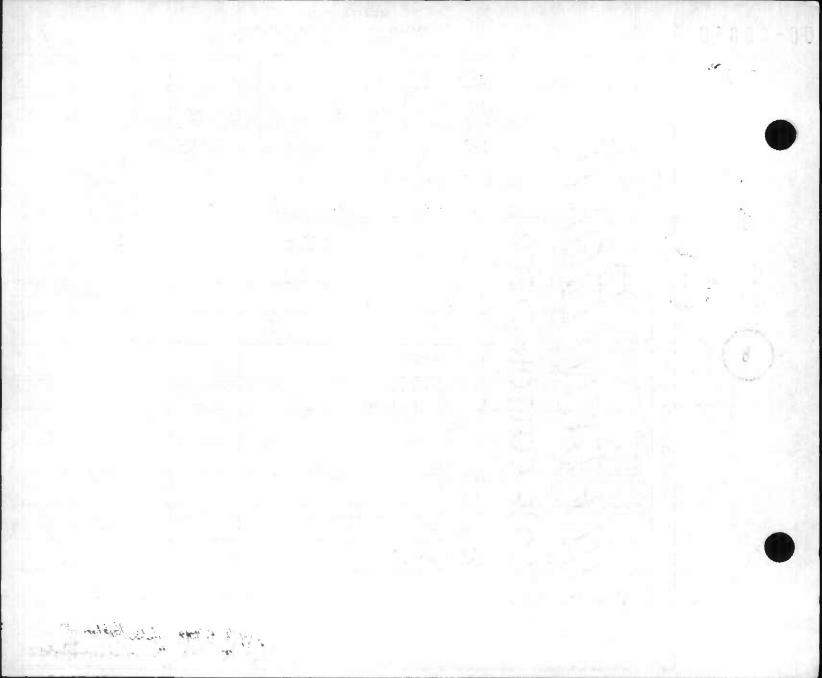
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23d LOCATION WOODBRIDGE, MIDDLE SEX, NJ

250 DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE
MAY 9 1986 Sulia Davidon Pandales







MAN 28 HEE granded and Brown Robert

24 FUNERAL DIRECTOR GEORGE P. Kalas Funeral Home

6160 Oxon Hill Rd. Oxon Hill. Md.

- STATE

RP

DHMH - 16 60M 7/84

(VRA 15, 4)

REGISTRAR I. DECEASED NAME

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH 2a DATE OF DEATH MIDDLE MONTH 7h HOUR BALTIMORE CITY OR COUNTY OF DEATH MONTGOMERY 12b. KIND OF BUSINESS OR Retired WORK FOR MOST OF WORKING LIFET 13e STREET ADDRESS / ZIP CODE 918 Snure Rd Sellner 32750 Jean R. Wells 78 Sweetbriar Br. Longwood Fl. APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 100 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? 216 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM IS PART I OR PART 2 COUNTY ur) opinion death occurred on the date and hour and from the causes stated 22c DATE SIGNED PHYSICIAN DIRECTOR PHYSICIAN

Friendley

25a. DATE RECID.

BY REGISTRAR 256. REGISTRAR'S SIGNATURE

P.G. Maryland

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TO FUNETAL DIRECTOR: After this certificate has been signed be should be detached for use as the burial-transit permit. Then please with the state Dept. of Health and Mental Hygiene prior to burial.

FOR STATE

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

REGISTRAR				CEKTIF	ICATE OF	DEATH		REG. NO.		
DECEASED NAME	FIRST	A	NDDLE	1	AS1		20. DATE OF		DAY YEAR	2b. HOUR
(TYPE OR PRINT)	Susan	Lee	2	Gor	don			May 16,		10:00 A
SEX		4 RACE	34 00	5 DATE C		YEAR	6. AGE (IN YE	ARS LAST BIRTHDAY)	IF UNDER 1 YEA	R IF UNDER 24 HRS
Female		White	2	Sept		1951	34	YRS	5	, HOURS MIN.
BIRTHPLACE (STATE	OR FOREIGN	76. CITIZEN OF V	WHAT COUNTRY?	8	D X NEVER	MARRIED []	9. BALTIMOF	RECITY OR COUN	ITY OF DEATH	
Virginia		U.S	5.A.	WIDOWE		NARRIED	Monta	gomery Co	unty	MD.
O CITY OR TOWN OF E	DEATH	11. NAME OF H	IOSPITAL, NURSIN	IG HOME C	R OTHER IN	TITUTION		CCUPATION FOR MOST OF WORKING		OF BUSINESS OR
Bethesda		NIH, TH	LE CLINIC	AL CE	NTER		1	itor		rnals
JOUAL RESIDENCE (IF N	URSING HOME O				13d INSIDE	CITY LIMITES	112 STREET A	DDDESS / Zin CC	200	
Maryland	Mont	gomery	Kensingt	on	YES X	NO [3505 1	DDRESS / ZIP CO Lawrence	Ave.	20895
4. FATHER'S NAME		MIDDLE	LAST		15. MOTHER	'S MAIDEN NA	AME	MIDDLE		LAST
Richard	1	N.	Gordon	1	Ma	rgaret		E.	Hyla	
60 WAS DECEASED EV			166. SOCIAL SECU	RITY NO.	17 INFORM			ADDRESS		
(YES NO OR UNKNOWN)		one	223-76-1	980	Mr. B	ruce W.	Dearba	augh, hus	band, s	ame
18 CAUSE OF DE	ATH (Enter o	nly one cause per	line lar (a), (b), and	d re		16 365			APPRC BETWEE	DXIMATE INTERVAL N ONSET AND DEATH
PART I. DEATH		ED BY. TE CAUSE (0)	CARDIO P	ULMON	IARY AR	REST	Ye		A	CUTE
			AS A CONSEQUE							
Conditions, if o	ny, which	((b)	SEPSIS (SPLEN	IC, KI	DNEY, I	LIVER)		3	WEEKS
gove rise to		DUE TO OF	AS A CONSEQUE							
	use lost.		ACUTE LYM		ASTIC	LEUKEMI	IA		9	YEARS
PART 2 OTHER S	IGNIFICANT	CONDITIONS CO	NTRIBUTING TO	DEATH BUT	NOT RELATE	D TO THE TERM	MINAL DISEASE	OR CONDITION (GIVEN IN PART	lia
190 DATE OF OPE										
190 DATE OF OPE	RATION	196. CONDI	TION FOR WHICH	OPERATIO	N WAS PERF	ORMED	200 AUTO		YES, WERE FIND	
Ĕ		BILL OF ST					YES X	NO	RTIFYING CAUSE YES X	NO [
210 ACCIDENT WAS		216. TIME O		V VE 5	21c HOW I	NJURY OCCUR	RED (ENTERNAT	URE OF INJURY IN ITEM	18 PART 1 OR PART 2:	1
				YEAR						
OR CONTRIBUTING E		21e PLACE C	OF INJURY		211 LOCAT					
WHITE NO	WHILE	(AT HOME STR	EET, FACTORY, OFFICE, F	ARM, ETC)	STREE	T		CITY OF TOWN	COUNTY	STATE
	WORK L	ital) attended the	dancered from	Dece	mber i	3 :0 77	. Ma	av 16	10 86	that X (we) lost
,		3/ 1/		86	nd that in (mX) (aur) apinion	death accurred	d an the date and h	. 17	
intrope (A) (we	e) (did) (දැරු තු	May 10	after death.		DEGREE					TE SIGNED
111111111111111111111111111111111111111	er . N	15			DEGREE	ATTENDING	MEDICAL	STAFF	10	17/86
11/		<u>'</u>			1		DIRECTOR [
1	THAME IN	PRINT)	000		22e ADDRE			nstitutes		
MANO	12001	J. BA	KRIG	3	Clini	.cal Cer		ethesda,	Md. 208	92
30 BURIAL, CREMATIO	N, REMOVAL			AME OF C	EMETERY OR	CREMATORY	23d LOCA	TION	COUNTY	STATE
Cremation	1	5/17/	/86 Ch	amber	s Crem	atory	D1 -	ofebros	DC	Maryland
4 FUNERAL DIRECTOR			58	01 C1	evelar	d Ave DAT	TE REC'D. BY RE	GISTRAR 25b. REG	ISTRAR'S SIGN	ATURE
W.W.(Chambe:	rs Co. In			e Md. 2	0737 M	1AY 2.1	1986 Juli	a Davidson	- pontebe
						1 4 1 1 1 1	Hard Hard Harden			

DHMH - 16 60M 7/B4

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APORTANT: If hem 21 is

(VRA 15, 4)

PROPERTY OF THE SECOND SECOND

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STATE OF MARYLAND

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FOR

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completely filled in by the funeral director, page 3.1 and 2 shauld be filed within 72 haurs after death

executed within 24 hours after

ATTENDING PHYSICIAN: The law requires that the death certificate be

retained by the hospital or attending physician.

TO HOSPITAL

BP.

DHMH - 16 60M 7/B4 (VRA 15, 4)

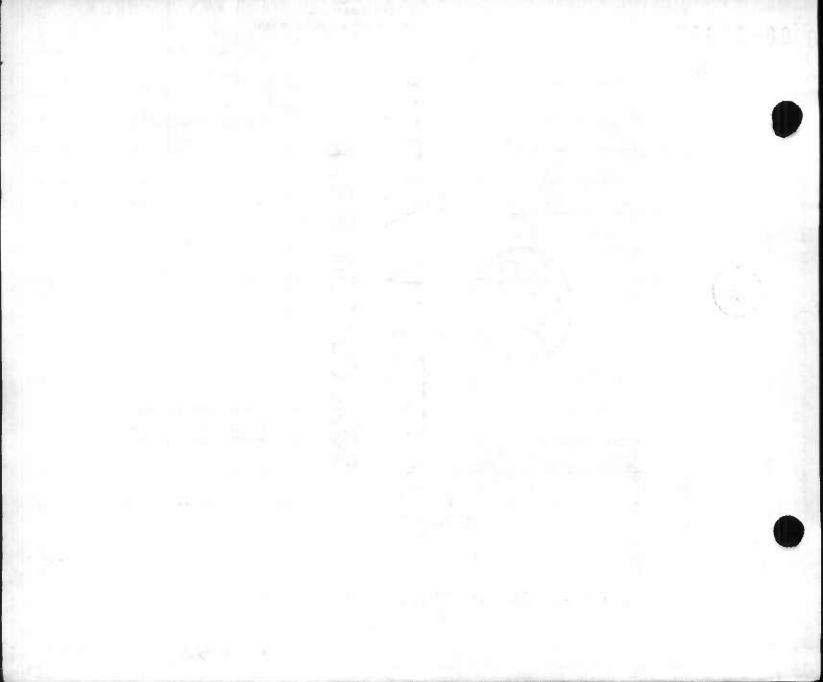
|MPORTANT: If Item 21 is marked at Item 18 shows any injury, at other traumaties should be detached for use as the burial-transit permit. Then please remave carl with the State Dept. at Health and Mental Hygiene priar to burial, cremation, ar TO FUNERAL DIRECTOR. After this certificate has been signed by the

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

1

	- STATE REGISTRAR				CERTII	FICATE OF DEATH	8	REG. N	0.	4 0	0	elia
	ECEASED NAME	FIRST		MIDDLE	,	LAST	20 DATE OF	DEATH	MONTH	DAY YEAR	26 H	
		MAR	IA CANA	LS GROES	BECK		MAY	11 1	986		6:	25 M
3. 5	EX		4 RACE		5. DATE		6. AGE INYE	ARS LAST BIR	THDAY)	MONTHS DAY		DER 24 HRS
L	FEMALE		CAUCAS	IAN	111.00	RUARY 23 1892	9.	4	YRS.			, min w
70	BIRTHPLACE (STATE OR	FOREIGN	16. CITIZEN OF	WHAT COUNTRY?	8 MARRIE	D NEVER MARRIED	9. BALTIMOR	RE CITY C	R COUNT	Y OF DEATH		
	SPAIN		UNITED	STATES	WIDOW		MONT	GOME	RY.			MD.
10	CITY OR TOWN OF DE	ATH		HOSPITAL, NURSIN		OR OTHER INSTITUTION	12a USUAL C					INESS OR
	BETHESDA	1		NAVAL HOS	SPITAL		HOME					
USI 13a	UAL RESIDENCE (IF NUR.	134 COUN	OTHER INSTITUTION	GIVE RESIDENCE BEFOR		1134 INSIDE CITY LIMITS?	13e STREET A	DDRESS	/ ZIP COE	DF.		
V	IRGINIA	FAIR		MCLEAN		YES NO X	1142				2210	02
14.1	FATHER'S NAME		AIDDLE	LAST	1	15 MOTHER'S MAIDEN NAM	ME	MIDDLE			LAST	
1		GUEL C		CROT		1.000	NA CAM		3		ASI	
160	WAS DECEASED EVER		AED FORCES?	166 SOCIAL SECU	JRITY NO.	17 INFORMANT		ADDRI	SS			
	(YES, NO OR UNKNOWN)	(IF YES, GIVE	WAR OR DATES)	579-62-	-8853	DOROTHY G.MC	CLINTI	C.114	12 DA	LEVIEW	DRIV	VE.
	18 CAUSE OF DEAT	H (Enter onl	v one couse per			MCLEAN, VA		,				VIERVAL AND DEATH
	PART I. DEATH W	VAS CAUSED	BY:	BRONCHOL						DI WEE	N ONSET A	AND DEATH
		IWWEDIAII	E CAUSE (a)	DICHONO		MIA						
			DUE TO, O	r as a consequ	ENCE OF							
	Conditions, if any		(b)	SENTLI	E DEMI	ENTIA						
	couse (o), statu		DUE TO O	R AS A CONSEQU	ENCE OF							
	underlying couse	lost	(c)							- 1		
	PART 2 OTHER SIGN	NIFICANTO	ONDITIONS CO	ONTRIBUTING TO	DEATH BUT	NOT RELATED TO THE TERM	INAL DISEASE	OR CON	DITION G	IVEN IN PART	110	
NO												
CERTIFICATION	190 DATE OF OPERA	TION	19b. COND	ITION FOR WHICH	OPERATIO	N WAS PERFORMED	200 AUTO	PSY?		ES, WERE FIND		
LIFIC							YES TY	иоП		IFYING CAUSI		EATH?
ER	21a. ACCIDENT WAS UN	DERLYING -	216. TIME O			21c. HOW INJURY OCCURR	- 42			6.0		
	OR CONTRIBUTING		n	M. MONTH D		1.00						
MEDICAL	21d. INJURY OCCUR		21e PLACE		19	211. LOCATION						
ME	WHILE NOT WE			REET, FACTORY OFFICE	FARM ETC)	STREET		CITY OR TO	NWN	COUNTY		STATE
	AT WORK AT WO)RK			ATO	NTT 20 96		MAV	-	06		
	220.1 certify that (1)		26177		0.6	RIL 29 19 86	, 10		11	19 86		II (we) lost
	sow the deceas above, (1) (we) (ed olive on did) (did not	MAY view the body	ofter death.	00	nd that in (my) (our) opinion d	death accurred	on the d	ote and ha	our and from th	ne couses	stoted
	226. SIGNATURE	do	11.			DEGREE				22c. DA	TE SIGNE	ED
	Kun.	U. The	Bun	el MID		ATTENDING PHYSICIAN	MEDICAL DIRECTOR	STA PHYSIC	IAN P	121	KLII	86
	22d. PHU SICIAN'S N.	AME (TYPE OF	PRINT)	, 2						L MEDIC	-	-
	T M	HITMEE	тт м	C. USNR		NATIONAL CAPI						
23e	BURIAL, CREMATION,		23b DATE		NAME OF C	EMETERY OR CREMATORY	23d LOCA		DEL	HEOUR,	LID A	20014
200	(SPECIFY) CREMA		5/13/				CITY	OR TOWN	11000	COUNTY		STATE
24					בואטצו	OLITAN CREMATO		ALEX/	NURI/	A, VIRG	INI	1
29	FUNERAL DIRECTOR	KI	CHARD R	APP, INC	27011		AAV 🕊 🖛	400	ZSB REGIS	STRAR'S SIGN	ATURE	indalle
	18	304 1	51., N.W	., WASHING	ilUN,	D.C. 20009 N	HAI TO	120	1 des	CONTRACT CONTRACT		



STATE OF MARYLAND

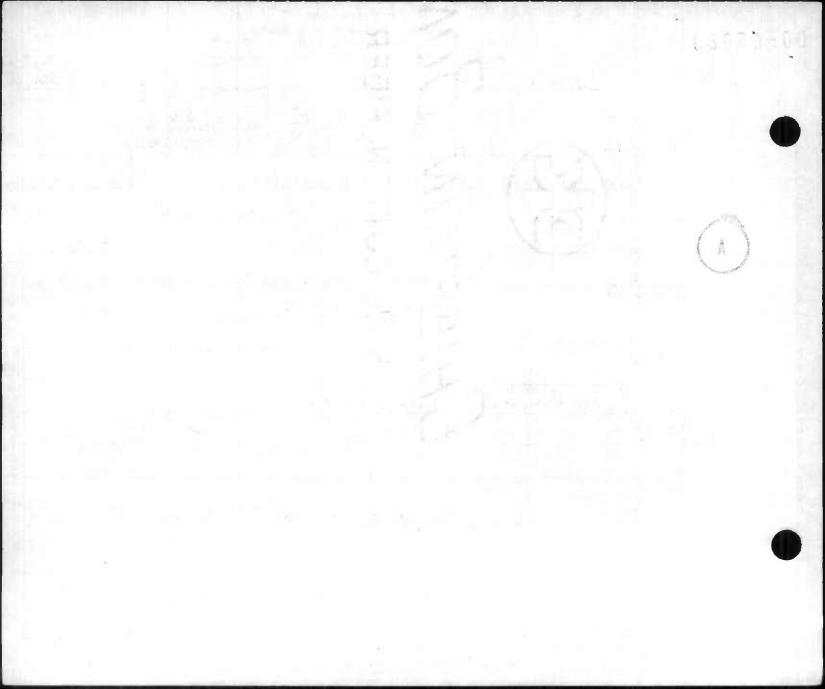
DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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T BIRTHDA	Y		DER I YEAR		ER 24 HRS	
64	YRS.	MONIH	S DAYS	HOURS	MIN.	
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INJURY IN	11E M 18	PARTIO	RPART 2)			
RTOWN		C	OUNTY		STATE	

1. SEX 4 RACE S. DATE OF BIRTH DAY YEAR 6. AGE (IN YEARS LAST BIRTHDAY) IF UNDER LYEAR IF UNDER LYEAR IN UNDER LYEAR OF WONTHS DAYS HOURS 70. BIRTHPLACE (STATE OR FOREIGN 76. CITIZEN OF WHAT COUNTRY? 8 MANUAL STATE OF BIRTHPLACE (STATE OR FOREIGN 76. CITIZEN OF WHAT COUNTRY? 8 MANUAL STATE OF BIRTHPLACE (STATE OR FOREIGN 76. CITIZEN OF WHAT COUNTRY? 8 MANUAL STATE OF BIRTHPLACE (STATE OR FOREIGN 76. CITIZEN OF WHAT COUNTRY? 8 MANUAL STATE OF BIRTHPLACE (STATE OR FOREIGN 76. CITIZEN OF WHAT COUNTRY? 8 MANUAL STATE OR FOREIGN 76. CITIZEN OF WHAT COUNTRY? 8 MANUAL STATE OR FOREIGN 76. CITIZEN OF WHAT COUNTRY? 8 MANUAL STATE OR FOREIGN 76. CITIZEN OF WHAT COUNTRY? 8 MANUAL STATE OR FOREIGN 76. CITIZEN OF WHAT COUNTRY? 8 MANUAL STATE OR FOREIGN 76. CITIZEN OF WHAT COUNTRY? 8 MANUAL STATE OR FOREIGN 76. CITIZEN OF WHAT COUNTRY? 8 MANUAL STATE OR FOREIGN 76. CITIZEN OF WHAT COUNTRY? 8 MANUAL STATE OR FOREIGN 76. CITIZEN OF WHAT COUNTRY? 8 MANUAL STATE OR FOREIGN 76. CITIZEN OF WHAT COUNTRY? 8 MANUAL STATE OR FOREIGN 76. CITIZEN OF WHAT COUNTRY? 8 MANUAL STATE OR FOREIGN 76. CITIZEN OF WHAT COUNTRY? 8 MANUAL STATE OR FOREIGN 76. CITIZEN OR FOREIGN 76. CITIZEN OF WHAT COUNTRY? 8 MANUAL STATE OR FOREIGN 76. CITIZEN OR FOREIGN 76.	UR 30A -M
TO BIRTHPLACE (STATE OF FOREIGN 76. CITIZEN OF WHAT COUNTRY? 8	30AN
Male White South Day YEAR 66 YRS. MONTHS DAYS HOURS 70. BIRTHPLACE (STATE OF FOREIGN 76. CITIZEN OF WHAT COUNTRY? 8 MARRIED MARRIED 9. BALTIMORE CITY OR COUNTY OF DEATH	
70. BIRTHPLACE (STATE OR FOREIGN 76. CITIZEN OF WHAT COUNTRY? 8 9. BALTIMORE CITY OR COUNTY OF DEATH	R 24 HRS
70. BIRTHPLACE (STATE OR FOREIGN 76. CITIZEN OF WHAT COUNTRY? 8	MIN.
VIRGINIA ISA WIDOWED DIVORCED Montgomery County	MI
IN CITY OR TOWN OF DEATH 11 NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) 120 USUAL OCCUPATION 120 KIND OF BUSIN (IF PE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY	
Takomapark Washington Adventise Hospital Dry Cleaner Sterling	้อบท
SUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION OF RESIDENCE BEFORE ADMISSION) 13d, CITY OR TOWN 13d, INSIDE CITY LIMITS? 13e.STREET ADDRESS / ZIP CODE	21111
	78
NEATHER'S MAINE IS MOTHER'S MAIDEN NAME	
Daniel Otho Hale Effie Susan Fogle	
60 WAS DECEASED EVER IN U.S. ARMED FORCES? 166. SOCIAL SECURITY NO. 17 INFORMANT ADDRESS	11.
No 579-09-4699 Effie R. Hale (Wife) Same as #13	
R CALISE OF DEATH (Enter only one cause per line lor (a), (b), and (c)	RVAL
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Septic shock	
couse (a), stating the underlying cause last	
PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110	
Metestatec Carcinoma from ling	
196 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 206 AUTOPSY 206 IFMES, WERE FINDINGS USE IN CERTIFYING CAUSES OF DEA	
196 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 206 AUTOPSY IN CERTIFYING CAUSES OF DEA YES NO [216. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2)	
216. ACCIDENT WAS UNDERLYING 216. TIME OF INJURY HOUR A.M. MONTH DAY YEAR 216. HOW INJURY OCCURRED (ENTERNATURE OF INJURY IN ITEM 18 PART I OR PART 2)	
OR CONTRIBUTING CAUSE OF DEATH OUR A.M. MONTH DAY YEAR (IF EITHER NOTIFY MEDICAL EXAMINER) P.M. 19	
(IF EITHER NOTIFY MEDICALEXAMINER) 210. PLACE OF INJURY (AT HOME STREET FACTORY, OFFICE, FARM, ETC.) 211. LOCATION (AT HOME STREET FACTORY, OFFICE, FARM, ETC.) 212. STREET CITY OR TOWN COUNTY	STATE
WHILE NOT WHILE AT WORK	
220.1 certify that (1) (this hospital) attended the deceased from May 4, 19 86, to May 6, 19 80 that (1)	(we) las
saw the deceased alive of the date and hour and from the couses stated (b) (we) (did (did not new the body after death.	ated
226. SIGNATURE DEGREE 221. DATE SIGNED	
TREMECOUTOR MD ATTENDING MEDICAL STAFF 5-7	
22d PHYSICIAN'S NAME (TYPE OR PRINT) 22e ADDRESS	
Fredric Cantor 7500 Hanover Phony Greenbett	
13g. BURIAL, CREMATION, REMOVAL 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION	
(SPECIFY) CITY OR TOWN COUNTY	STATE
	.1
Burial 5/10/86 Fort Lincoln Cemetery Brentwood P.G. Mary 1250 DATE REC'D BY REGISTRAR'S SIGNATURE 4739 Baltimore Avenue Hyattsville, Md. 20781	lar

DHMH - 16 60M 7/8 (VRA 15, 4)

TO FUNERAL DIRECTOR. A should be detoched for use with the State Dept. of Heal MPORTANT, If Nem 21 is



-06807	1.	FOR STATE REGISTRAR	DEPAI	STATE OF MARYLAND RTMENT OF HEALTH AND MENTAL H CERTIFICATE OF DEATH	IYGIENE 8 6	1 4 8	6 4
by be death		CEASED NAME FIRST ShiRLE	MIDDLE	HALE	20. DATE OF DEATH	MONTH DAY YEAR AY 8, 1986	26 HOUR 10:00
pod er de	3. SE		4 RACE	5. DATE OF BIRTH	6 AGE (IN YEARS LAST B		IF UNDER 24 HRS
rs aft		Femlae	White	Dec. 16, 1924	61	YRS MONTHS DATS	HOURS MIN.
in 72 hou	7a B	RTHPLACE (STATE OR FOREIGN Wash. D.C.	76. CITIZEN OF WHAT COUNTS U.S.A.	Y? 8 MARRIED NEVER MARRIED WIDOWED MODIFICATION DIVORCED [Mont	or COUNTY OF DEATH	MI
by the full with	C	nevy Chase	Chevy Chase	SING HOME OR OTHER INSTITUTION Retirement & Nursi	120 USUAL OCCUPAT (TYPE OF WORK FOR MOST Home	of working Life) 126 KIND C INDUSTRY housewife	bome home
filled in hauld be	13a .	Maryland Mc	or other institution give residence be INTY 13% CITY OR TO Ontgomery Silver	Spring YES NO	12817 Ch	/ ZIP CODE	0906
and 2 s	14. F/	John	F. Hando	ck Anna	NAME MIDDLE H.	Horstma	st nn
Pages 1		VAS DECEASED EVER IN U.S. A YES NO (IF YES G			e 2783 Grove	moreLane Vie	22180 enna, Va.
that the death certific, the other death of the oth			DUE TO, OR AS A CONSEC	DUENTE Carche	ma of End	lo melu.	imate interval Onset and Death
equires n signe Then pl to bur injury, s	NO	PART 2 OTHER SIGNIFICANT	CONDITIONS CONTRIBUTING T	O DEATH BUT NOT RELATED TO THE TE	RMINAL DISEASE OR COM	NDITION GIVEN IN PART 11	О
The law reician. te has been ssit permit. I gene prior shows any ii	CERTIFICATION	190 DATE OF OPERATION	196 CONDITION FOR WHI	CH OPERATION WAS PERFORMED	200 AUTOPSY?	206. IF YES, WERE FINDII IN CERTIFYING CAUSES YES [NGS USED S OF DEATH?
SICIANI ng phys certifica certifica rial-trar ental Hy Item 18		210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE	HOUR A.M. MONTH	DAY YEAR 19 21c. HOW INJURY OCC	URRED (ENTER NATURE OF INJ	URY IN ITEM IS PART (OR PART 2)	il.
0 = = = 0 3	MEDICAL	21d INJURY OCCURRED WHILE NOT WHILE AT WORK	21e PLACE OF INJURY (AT HOME STREET, FACTORY OFFICE	T 11 12	7 CITY OR TI	own county	STATE
the haspital L DIRECTOR tacked for us e Dept of Hem 21 is		saw the deceased alive a	ortal) attended the deceased from	DEGREE ATTENDING	MEDICAL STA	AFF 221 DAY	that (I) (we) last causes stated
HOSPITAL ined by th FUNERAL wild be detected to the State CORTANT.		224 HYSICIAN'S NAME (TYPE	or Cuity - Poldet	120 ADDRESS	andolo 6	Rd Roc	hull

Parklawn Memorial Park

Rockville, Maryland STATE

236 DATE

Tyson Wheeler Funeral Home, Inc. 1331 Rockville Pike, Rockville, Md. 20852

5/13/86

230 BURIAL, CREMATION, REMOVAL

Burial

DHMH - 16 60M 7/B4 (VRA 15, 4)

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	STATE OF MARYLAND
FOR	DEPARTMENT OF HEALTH AND MENTAL HYGIENE
STATE	CERTIFICATE OF DEATH
REGISTRAR	CENTILICATE OF DEATH

HEALTH AND MENTAL HYGIENE FICATE OF DEATH	6 REG. NO.	Number	4	8	6	
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REGISTRAR		CERTIF	ICATE OF D	PEAIH	REG. N	0.		9
I. DECEASED NAME FIRST	WIDDLE	t.	AST	W. 4.5.		MONTH	DAY YEAR	2b HOUR
(TYPE OR PRINT) Viola	В.	Н	amilton	1	10,000	May	11,1986	10:PM M
3. SEX	4 RACE	S. DATE C		100	6. AGE (IN YEARS LAST BIR	THDAY)	IF UNDER 1 YEAR	IF UNDER 24 HRS
Female	White	May	30	1900	85	YRS.	MONTHS DAYS	HOURS MIN.
To. BIRTHPLACE (STATE OR FOREIGN	76. CITIZEN OF WHAT COUNTRY	? 8	D NEVER A	AARRIED (T	9. BALTIMORE CITY	R COUNT	TY OF DEATH	++ ==-
Poland	Permanent reside	WIDOWE	DAY DI	VORCED []	Mo	ntgon	nery	MD
10 CITY OR TOWN OF DEATH Burtonsville	11. NAME OF HOSPITAL, NURS (IF NOT IN SUCH FACILITY, GIVE STREI 14309 Perrywood	ING HOME C		TITUTION	120. USUAL OCCUPAT (TYPE OF WORK FOR MOST C Child Car	OF WORKING		OF BUSINESS OR
USUAL RESIDENCE (IF NURSING HOME O 130, STATE 13b, COU Maryland Mon	ROTHER INSTITUTION, GIVE RESIDENCE BEFO NTY 130. CITY OR TO Egomery Burtons	WN	13d. INSIDE C	NO 🗌	13. STREET ADDRESS 14309 Perr	/ ZIP COI	PE Dr.	20866
(unobtainable)	MIDDLE Biganski		15. MOTHER'S	s MAIDEN NAM	cainable)		LA	ST
160. WAS DECEASED EVER IN U.S. AI (YES NO PRUNKNOWN) (IF YES C	RMED FORCES? 16b. SOCIAL SEC 034-16-4		17. INFORMA Betty	Jane Ti	ep-daughter irner - (s	ame	as 13e)	
18 CAUSE OF DEATH (Enter o	nly ane cause per line far (a), (b), o	ind ici		III, SLUB S	C 11		APPRO)	ONSET AND DEATH
PART I. DEATH WAS CAUSI	ED BY: TE CAUSE (0) C C T	pro 1	asculo	in acc	trabi		2	m 66197.
PART 2, OTHER SIGNIFICANT 190. DATE OF OPERATION 210. ACCIDENT WAS UNDERLYING [CONDITIONS CONTRIBUTING TO	DEATH BUT			INAL DISEASE OR CON	20b. IF Y	ES, WERE FINDE	NGS USED S OF DEATH?
RTIE					YES NO		YES 🗌	NO 🗌
OR CONTRIBUTING _ CAUSE OF DE	R) P.M.	DAY YEAR			RED (ENTER NATURE OF INJU	IRY IN ITEM 18	B PART I OR PART 2)	
21d INJURY OCCURRED WHILE NOT WHILE AT WORK	21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE	FARM, ETC }	21f. LOCATION STREET	ON	CITY OR TO	NWN	COUNTY	STATE
	of view the back after death.	88 . ar	0	(our) opinian	ta May I death accurred on the d	I , ate and he		that (we) last causes stated
22b. SIGNATURE	Muly		mD '	ATTENDING PHYSICIAN	MEDICAL STA	FF CIAN [22c. DATE	12/8/
22d. PHYSICIAN'S NAME (TYPE Edward I		1-10	22e ADDRES		ce Philip D	r. 0	lney, Mo	1.
230. BURIAL, CREMATION, REMOVAI (SPECIFY) Cremation			EMETERY OR O	CREMATORY	23d LOCATION CITY OR TOWN Washing		COUNTY	STATE
24 FUNERAL DIRECTOR Hines/Rinaldi Fun	11800 1 eral Home Silve	V.H. Av		25a. DAT	E DECID BY DECISTOAD	265 DECL		TURE

DHMH - 16 60M 7/84 (VRA 15, 4)

TO FINERAL DIRECTOR, After this certificate has been signed by the attending hadden be detached to the outsite build industries permit. Then please remove corbon than the State Dept. of feelth and Mental Hygiene prior to build), cremotion, as respectively.

	CONSTRUCTOR			
1 100000	MADE OUR REMAINS			
	CHIERTICAL PROPERTY.			
		4		THE COUNTY AND ADDRESS.
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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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1-	FOR STATE REGISTRAR		DEPAR		EALTH AND MENTAL HYG	SIENE 8 6	0.	4 8	6 6
	CEASED NAME FIRST		MIDDLE	ı	AST			AY YEAR	26 HOUR
TTYPE	JOH	N C	LIVER	HARD	ESTY	MAY 29,	1986		11:50 MAI
1.567		4. RACE		5. DATE C		6 AGE (IN YEARS LAST BE	RTHDAY	IF UNDER 1 YEAR	IF UNDER 24 HRS
	MALE	WHI	TE	SEPTE	MBER 20, 1908	77	YRS.	MONTHS DAYS	HOURS MIN.
(RTHPLACE ISTATE OF FOREIGN COUNTRY) ASHINGTON, D. C	76 CITIZEN OF	WHAT COUNTRY	Y? 8	D K NEVER MARRIED	9 BALTIMORE CITY O	OR COUNTY	OF DEATH	MD
ID CI	TY OR TOWN OF DEATH ETHESDA	11. NAME OF		ING HOME C	OR OTHER INSTITUTION	120 USUAL OCCUPAT (TYPE OF WORK FOR MOST ATTORNE	OF WORKING LIFE		OF BUSINESS OR
13a S		AE OR OTHER INSTITUTION OUNTY	13c. CITY OR TO	NWN	134 INSIDE CITY LIMITS? YES NO X	13e STREET ADDRESS 10401 GRO			20852 1122
IA FA	THER'S NAME FIRST VINCENT	MIDDLE	HARDEST	'Y	15. MOTHER'S MAIDEN NA EMMA	MARIA MIDDLE		PERR	Ž
	WAS DECEASED EVER IN U.S		166 SOCIAL SE	CURITY NO.	17 INFORMANT	ADDR	ESS		
		S, GIVE WAR OR DATES)	216-44	-3768	EILEEN HARDE	STY, WIFE, SA	ME AS	ITEM #	13
		er only one couse pe	r line for to t (h)	and ic					XIMATE INTERVAL
	18 CAUSE OF DEATH (Enter PART I. DEATH WAS CA	USED BY:	Cardi	ac A	rehitheria)	- Fibrilla	Con		MENIATE
	Conditions, if any, which gave rise to immediate couse (a), stating the underlying cause last PART 2 OTHER SIGNIFICA	DUE TO, (OR AS A CONSEC		NOT RELATED TO THE TERM	MINAL DISEASE OR COM	NDITION GIV		KNOWN
S O		LA	BICE 1	LUPER	MAISLASTS				
CERTIFICATION	190 DATE OF OPERATION	196 CONI	DITION FOR WHI	CH OPERATIO	N WAS PERFORMED	200 AUTOPSY?	IN CERTIF	, WERE FIND YING CAUSE S	INGS USED S OF DEATH?
	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF	F DEATH HOUR	OF INJURY A.M. MONTH	DAY YEAR	21c. HOW INJURY OCCUR		JRY IN ITEM 18 P.	ART OR PART 2)	
MEDICAL	21d INJURY OCCURRED WHILE NOT WHILE AT WORK	21e. PLACE	OF INJURY TREET, FACTORY, OFFIC	E FARM, ETC.)	211 LOCATION STREET	CITY OR T	OWN	COUNTY	STATE
	220 I certify that (I) (this I saw the deceased aliv above, (I) (we) (did) (d	e on MA	420 19	86.0	nd that in (my) (aur) opinion	death accurred on the c	tote and hou	ond from the	
	226 SIGNATURE	an Har	el an		DEGREE ATTENDING PHYSICIAN [MEDICAL STA		22c DAI	35/86
	22d. PHYSICIAN'S NAME (22e ADDRESS			/	1
	THOMAS C.	HAVELL, N	1.D.		4201 CATHEL	DRAL AVE., N	.W.,WAS	SHINGTO	DN, D.C.
	BURIAL, CREMATION, REMO				EMETERY OR CREMATORY LITAN CREMATOR	23d LOCATION CITY OF TOWN ALEXANI	DRIA, V	VIRGINI	IA STATE
	UNERAL DIRECTOR RI 804 T ST., N. W	CHARD RAP	P, INC.	200		JN 4 1986	1 / 4 -	RAR'S SIGNA	

DHMH - 16 60M 7/B4 (VRA 15, 4)

TO FUNERAL DIRECTOR shoold be detached for so with the State Dept. of He

TO HOSPITAL

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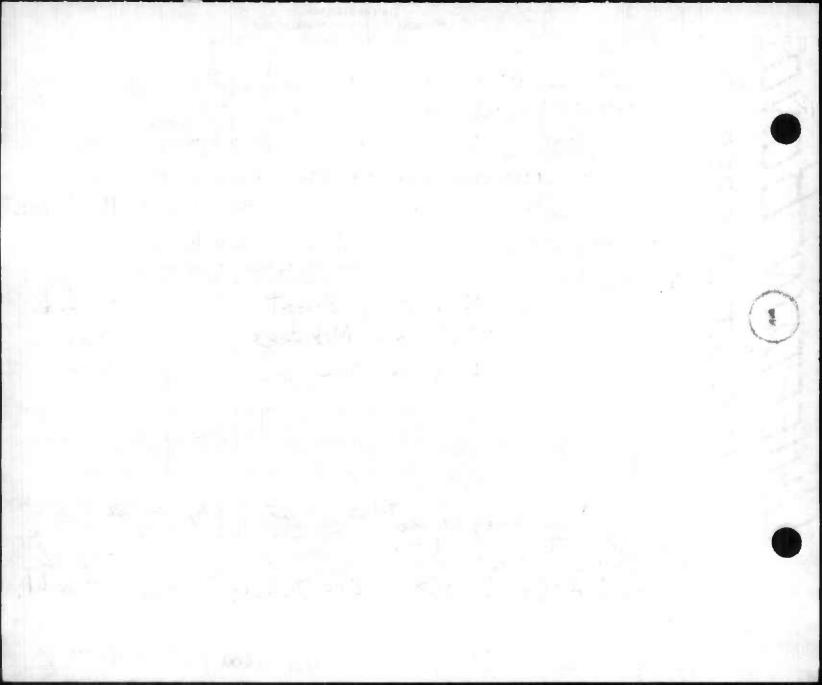
250. DATE REC'D. BY REGISTRAR 25b. REGISTRAR'S SIGNATURE

July Davidson Randall

24 FUNERAL DIRECTOR Ives-Pearson Funeral Homes

Falls Church, Va. 22046

DHMH - 16 60M 7/84 (VRA 15, 4)



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P			the death Page 4 may be	fullered describer poor 3	thin 72 haurs ofter death
201 W PRESTON ST. BALTIMORE MARYLAND 21201		r	a that the death certificate be executed within 24 heart the	Signal Assistant and completely lilled in by the	curtion order. Pages 1, and 2, should be filled whim 72 hours; ofter death
201 W. PRES			a that the de	of Sy the ca	please remine

DIVISION OF VITAL RECORDS,

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	1-	FOR STATE REGISTRAR		GIENE 8 6 4 8 6 8 REG. NO.					
		CE ASED NAME FIRST	WIDDLE	/1.	LAST	20. DATE OF DEATH MONTH	H OAY YEAR	2b. HOUR	
		Howard Howard	9	Harris	ton	5	17 86	9:300 M	
	3. SE	X	4 RACE		OF BIRTH	6 AGE (IN YEARS LAST BIRTHDAY)	MONTHS DAYS	HOURS MIN	
		lale	B1ack	Febr	cuary 9,1947	39	YRS	MIN.	
7	(RTHPLACE (STATE OR FOREIGN COUNTRY) Washington,	7b. CITIZEN OF WHAT C	tates WIDOW	D NEVER MARRIED D	9 BALTIMORE CITY OR CO	UNTY OF DEATH	MD.	
1		ity or town of death akoma	LIE NOT IN SUCH FACILITY	GIVE STREET ADDRESS!	Day Adventist	120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORK U.S. GOV E	(INDUSTRY	S. Gov't	
5	₩5U7 13a. S	AL RESIDENCE (IF NURSING HOMEOR STATE 13b COUN	OTHER INSTITUTION GIVE RESID		134 INSIDE CITY LIMITS?	13e STREET ADDRESS / ZIP	CODE	28746	
7	1	harles Harri	wioole ston	LAST	15. MOTHER'S MAIDEN NA FIRST Nati	ME Lie Douglas	L)	AST	
	lóa V	VAS DECEASED EVER IN U.S. AR	WAR OR DATEST	CIAL SECURITY NO.	17 INFORMANT	ADDRESS			
	1	10	578-	64-4879	Julia Harris	ston Wife 5068	Silver H	ill Ct.	
		18 CAUSE OF DEATH (Enter on PART I. DEATH WAS CAUSE)	D BY:					ONSET AND DEATH	
V		DUE TO, OR AS A CONSEQUENCE OF							
		Conditions, if ony, which	Terror and the						
		gove rise to immediate couse (a), stating the underlying couse lost.	ZON						
7		PART 2 OTHER SIGNIFICANT C	ONDITIONS CONTRIBU	TING TO DEATH BUT				10	
	O	HYPE	RTENSI	ON					
2	CERTIFICATION	190 DATE OF OPERATION	196 CONDITION FO	R WHICH OPERATIO	N WAS PERFORMED		IF YES, WERE FINDI CERTIFYING CAUSE: YES		
		2 to ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA	TH HOUR A.M. MC	ONTH DAY YEAR	21¢ HOW INJURY OCCUR	RED (ENTER NATURE OF INJURY IN ITE	M 18 PART I OR PART 2)		
	MEDICAL	21d INJURY OCCURRED WHILE NOT WHILE AT WORK	21e PLACE OF INJUI (AT HOME STREET, FACTO		211 LOCATION STREET	CITY OR TOWN	COUNTY	STATE	
		sow the deceased alive an above, (1) (we) (did) (did no			nd that in (my) (our) opinion	to 5/17 death occurred on the date on	d hour and from the	that (I) (we) lost e couses stated	
		22b. SIGNATURE		n	DEGREE ATTENDING PHYSICIAN 6	MEDICAL STAFF DIRECTOR PHYSICIAN		ISIGNED	
		22d PHYSICIAN'S NAME (TYPE O		RK Hu	22e. ADDRESS			NOOVER	
73	1	BURIAL, CREMATION, REMOVAL	23b. DATE	23¢. NAME OF C	EMETERY OR CREMATORY	23d LOCATION CITY OR TOWN	COUNTY	STATE	
	H	Burial	22 May 86	Lincol	n Mem Cemeter				
	0.7	UNERAL DIRECTOR		ADDRESS	(2.2)	TE REC'D. BY REGISTRAR 25b. RI	EGISTRAR'S SIGNA	TURE	
	H	Frazier's Funera	1 Home 389	Rhode Isl	and Avenue, 🔐	1 720 1 40	har Davidson	Maria Care	

DHMH - 16 60M 7/B4

(VRA 15, 4)

O FUNERAL DIRECTOR

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STATE OF MARYLAND									
DEPARTMENT O	F HEALTH AND	MENTAL	HYGIEN						

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	1-	FOR STATE REGISTRAR			ICATE OF DEATH	SIENE 8 6 REG. NO.	1 4 8	6 9
Я		CEASED NAME FIRST	MIDDLE		AST	2a. DATE OF DEATH	ONTH DAY YEA	R 26 HOUR
1	Į III	Henry	Arno	1d 1	HAWKINS	May 21,	1986	7:43P M
1	3. SEX	-	4 RACE	5. DATE (6 AGE (IN YEARS LAST BIRTH		EAR IF UNDER 24 HRS
1		Male	Negro	Feb		84	YRS.	ATS HOURS MIN.
		RTHPLACE (STATE OR FOREIGN	76. CITIZEN OF WHAT	COUNTRY? 8.	D NEVER MARRIED	9 BALTIMORE CITY OR	COUNTY OF DEATH	Н
)		aryland	American	WIDOW	_	Montgome	ry Count	W MD.
	Ro	ty or town of DEATH ckville	Shady G1	rove Adve	ntist Hosp.	12a USUAL OCCUPATIO (TYPE OF WORK FOR MOST OF V	WORKING LIFE) INDUST	ID OF BUSINESS OR
	Ma	AL RESIDENCE (# NURSING HOME OR TATE 13b. COUN aryland Mor		SIDENCE BEFORE ADMISSION) ITY OR TOWN arksburg	13d INSIDE CITY LIMITS?	13e STREET ADDRESS / 25729 Bur	ZIP CODE	20871 Road
			anklin H	awkins	Mamie Mamie	Estelle	L;	yles
		VAS DECEASED EVER IN U.S. AR		OCIAL SECURITY NO.	17 INFORMANT	ADDRES	S	
1	(1	(IF YES, GIV	VE WAR OR DATES)	7-36-8161	Renee Co	leman	Item	13
	7	Conditions, if any, which gove rise to immediate couse (o), softing the underlying couse lost. PART 2 OTHER SIGNIFICANT (DUE TO, OR AS A	CONSEQUENCE OF	A prostate NOT RELATED TO THE TERM	ainal disease or condi	ITION GIVEN IN PAR	yeus-
)	CERTIFICATION	19a DATE OF OPERATION	196 CONDITION	FOR WHICH OPERATIO	N WAS PERFORMED		20b. IF YES, WERE FIN IN CERTIFYING CAU YES []	
	MEDICAL CERT	21g. ACCIDENT WAS UNDERLYING CONTRIBUTING CAUSE OF DEA	R) P.M.	AONTH DAY YEAR 19		RED (ENTER NATURE OF INJURY		
	MED	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK	?1e PLACE OF IN.	JURY CTORY, OFFICE FARM ETC.)	211 LOCATION STREET	CITY OR TOW	N COUNTY	STATE
7		22a I certify that (I) (this haspi saw the deceased alive an above, (I) (we) (did) (close III I SNATURE	or) view the body ofter of	19 34 . o	22e ADDRESS	MEDICAL STAFF DIRECTOR PHYSICIA	27c. D.	ate signed y 22,1986
4		James P. Ke				ge Rd., Dar	aascus,	20072
	- (CURIAL, CREMATION, REMOVAL SPECIFY) Burial	5/26/86		emetery or crematory ant Grove	23d LOCATION CITY OR JOWN Purdum	Montg.	Md. STATE

DHMH - 16 50M 4/83 (VRA 15, 4)

TO HOSPITAL OR ATTENDING PHYSICIAN: The low retained by the hospital or ottending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physicion and a should be detached for use as the burial-transit permit. Then please remove corbanappers. Pages with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal. MPORTANT: If them 21 is marked at them 8 shakes any injury, or other troumatic event, the medical

74 FUNERAL DIRECTOR
Olin L. Molesworth, P.A., Damascus, Md.

25. DATE RECD. BY REGISTRAR 256. REGISTRAR'S SIGNAR 185.

Annual transfer of the control of th The state of the s nice of twister and the contract of the contra hard fifth terms first a conductable confused buckers. through translite students that the line of El -all manufall an int L'identalit de las The state of the s The result among the court of t Nim L. Winsmedil, E.A., Unrason, Mil. 700

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STATE	OF	MARYLAND
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3	6	e statette	4	8	7	
	REG. NO.					

	REGISTRAR			REG.		
	DECEASED NAME (TYPE OR PRINT)	Holle /	Hay ter	20. DATE OF DEATH	21,1986	10°
3	SEX	4. RACE	5 DATE OF BIRTH	6 AGE (IN YEARS LAST I		IF UNDER 2.
]	Female	Caucasian	May 10, 189	ĺ 95	YRS DAYS	HOURS
1 70	O. BIRTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WHAT COUNT		9 BAITIMORE CITY	OR COUNTY OF DEATH	
1	Iowa	United State	es widowed XX DIVORCE	Montgome	ery County	
70	O CITY OR TOWN OF DEATH	11. NAME OF HOSPITAL NUI	IRSING HOME OR OTHER INSTITUTIO	N 12a USUAL OCCUPA	TION 126 KIND OI	F BUSINES
U.	Kensington	4103 Warner	Street	Homemake	TOF WORKING LIFE) INDUSTRY OWN H	lome
	JOUAL RESIDENCE (IF NURSING HOME	OR OTHER INSTITUTION GIVE RESIDENCE BI	BEFORE ADMISSION)			101110
21			ington YES X NO	4103 Wai	rner Street	20
(5/1)	FATHER'S NAME	MIDDLE LAST	15. MOTHER'S MAID		LAST	
2Ψ	Samue1	H. Harr		abeth	Coat	
/ 16	60 WAS DECEASED EVER IN U.S. A		SECURITY NO. 17 INFORMANT	Son) ADD	R\$103 Warner	St
/ L	(YES NO OR UNKNOWN) (IF YES	/A 478-44	4-0188 Lyle B.I	. HayterKer	nsington, Ma	ary1
	18 CAUSE OF DEATH (Enter	only one couse per line for 10)	, ond ici		APPROXIA BETWEEN O	MATE INTERV
			realize 211100	-7	1	
City and Cit	Conditions, if ony, which gove rise to immediate couse [o], stoting the underlying couse lost.	DUE TO, OR AS A CONSE	enosderosis -	generalis	in	
	Conditions, if ony, which gove rise to immediate couse (o), stating the underlying couse lost PART 2 OTHER SIGNIFICAN	DUE TO, OR AS A CONSE	enosderosis -			
	Conditions, if ony, which gove rise to immediate couse (o), stating the underlying couse lost PART 2 OTHER SIGNIFICAN	DUE TO, OR AS A CONSE (b) DUE TO, OR AS A CONSE (c) T CONDITIONS CONTRIBUTING	EQUENCE OF		NDITION GIVEN IN PART 1:0	IGS USED
The state of the s	Conditions, if ony, which gove rise to immediate couse (o), stating the underlying couse lost PART 2 OTHER SIGNIFICAN	DUE TO, OR AS A CONSE (b) DUE TO, OR AS A CONSE (c) T CONDITIONS CONTRIBUTING 196 CONDITION FOR WH	EQUENCE OF TO DEATH BUT NOT RELATED TO THE	E TERMINAL DISEASE OR CO	NDITION GIVEN IN PART 1:0	IGS USED OF DEATH
	Conditions, if ony, which gove rise to immediate couse foi, stating the underlying couse lost. PART 2 OTHER SIGNIFICAN 19a DATE OF OPERATION 17a ACCIDENT WAS UNDERLYING	DUE TO, OR AS A CONSE (b) DUE TO, OR AS A CONSE (c) T CONDITIONS CONTRIBUTING 19b CONDITION FOR WH	EQUENCE OF TO DEATH BUT NOT RELATED TO THE HICH OPERATION WAS PERFORMED TO THE HICH OPERATION WAS PERFORMED TO THE HICH OPERATION WAS PERFORMED	E TERMINAL DISEASE OR CO	200 IF YES, WERE FINDIN IN CERTIFYING CAUSES YES	IGS USED
	Conditions, if ony, which gove rise to immediate couse (o), stating the underlying couse lost PART 2 OTHER SIGNIFICAN 19a DATE OF OPERATION 21a. ACCIDENT WAS UNDERLYING	DUE TO, OR AS A CONSE (b) DUE TO, OR AS A CONSE (c) T CONDITIONS CONTRIBUTING 196 CONDITION FOR WH DEATH HOUR A.M. MONTH	EQUENCE OF TO DEATH BUT NOT RELATED TO THE HICH OPERATION WAS PERFORMED DAY YEAR 216 HOW INJURY C	ETERMINAL DISEASE OR CO	200 IF YES, WERE FINDIN IN CERTIFYING CAUSES YES	IGS USED OF DEATH
	Conditions, if ony, which gove rise to immediate couse (o), stating the underlying couse lost PART 2 OTHER SIGNIFICAN 19a DATE OF OPERATION 21a. ACCIDENT WAS UNDERLYING	DUE TO, OR AS A CONSE (b) DUE TO, OR AS A CONSE (c) T CONDITIONS CONTRIBUTING 19b CONDITION FOR WH DEATH HOUR A.M. MONTH P.M. 210 PLACE OF INJURY	EQUENCE OF TO DEATH BUT NOT RELATED TO THE HICH OPERATION WAS PERFORMED DAY YEAR 19 211 LOCATION	200 AUTOPSY? YES NOW CCURRED (ENTER NATURE OF IN	20b IF YES, WERE FINDIN IN CERTIFY ING CAUSES YES	GS USED OF DEATH NO
	Conditions, if ony, which gove rise to immediate couse foi, stating the underlying couse lost PART 2 OTHER SIGNIFICAN 190, DATE OF OPERATION 710, ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF LIFE LIHER NOTIFY MEDICAL EXAMINATION OF CONTRIBUTING 2015 OF LIFE LIHER NOTIFY MEDICAL EXAMINATION OF COURSED	DUE TO, OR AS A CONSE (b) DUE TO, OR AS A CONSE (c) T CONDITIONS CONTRIBUTING 19b. CONDITION FOR WH DEATH HOUR A.M. MONTH F.M.	EQUENCE OF TO DEATH BUT NOT RELATED TO THE HICH OPERATION WAS PERFORMED DAY YEAR 19 211 LOCATION	ETERMINAL DISEASE OR CO	20b IF YES, WERE FINDIN IN CERTIFY ING CAUSES YES	GS USED OF DEATH NO
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	Conditions, if ony, which gove rise to immediate couse fol, stating the underlying couse lost PART 2 OTHER SIGNIFICAN 19a, DATE OF OPERATION 21a, ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF LIFE LIHER NOTIFY MEDICAL EXAMINATION AT LINES A	DUE TO, OR AS A CONSE (b) DUE TO, OR AS A CONSE (c) T CONDITIONS CONTRIBUTING 19b. CONDITION FOR WH DEATH HOUR A.M. MONTH P.M. 21e PLACE OF INJURY (AT HOME STREET, FACTORY OFF	EQUENCE OF TO DEATH BUT NOT RELATED TO THE HICH OPERATION WAS PERFORMED DAY YEAR 19 216 HOW INJURY CONTROL OF THE FARM, ETC.) THE PROPERTY OF THE PROPERTY	200 AUTOPSY? YES NOW CCURRED (ENTER NATURE OF IN	20b IF YES, WERE FINDIN IN CERTIFYING CAUSES YES UJURY IN ITEM IS PART OR PART 2)	GS USED OF DEATH NO
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A STATE OF THE STA	Conditions, if ony, which gove rise to immediate couse fol, stating the underlying couse lost PART 2 OTHER SIGNIFICAN 19a, DATE OF OPERATION 21a, ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF LIFE LIHER NOTIFY MEDICAL EXAMINATION AT LINES A	DUE TO, OR AS A CONSE (b) DUE TO, OR AS A CONSE (c) T CONDITIONS CONTRIBUTING 19b. CONDITION FOR WH DEATH HOUR A.M. MONTH P.M. 21e PLACE OF INJURY (AT HOME STREET, FACTORY OFF	EQUENCE OF TO DEATH BUT NOT RELATED TO THE HICH OPERATION WAS PERFORMED DAY YEAR 19 FICE, FARM, ETC.) THE CONTROL OF THE HICK OF THE	200 AUTOPSY? YES NOW CCURRED (ENTER NATURE OF IN) CITY OR Pindon death occurred on the	20b IF YES, WERE FINDIN IN CERTIFYING CAUSES YES DURY IN ITEM IS PART I OR PART ?) 10WN COUNTY 19 1 10 11 11 11 11 11 11 11 11 11 11 11 1	OF DEATH
A STATE OF THE STA	Conditions, if ony, which gove rise to immediate couse fol, stating the underlying couse lost PART 2 OTHER SIGNIFICAN 19a. DATE OF OPERATION 71a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF LIFE LIHER NOTIFY MEDICAL EXAMINATION OR CONTRIBUTING WHILE ALWORK ALWORK ALWORK 27d. certify that (I) (this has sow the deceased alive obove [Move (did.) (did.))	DUE TO, OR AS A CONSE (b) DUE TO, OR AS A CONSE (c) T CONDITIONS CONTRIBUTING 19b. CONDITION FOR WH DEATH HOUR A.M. MONTH P.M. 21e PLACE OF INJURY (AT HOME STREET, FACTORY OFF	EQUENCE OF TO DEATH BUT NOT RELATED TO THE HICH OPERATION WAS PERFORMED DAY YEAR 19 211 LOCATION STREET OM DEGREE ATTEND PHYSIC	200 AUTOPSY? YES NOW CCURRED (ENTER NATURE OF IN) CITY OR In Medical ST	20b IF YES, WERE FINDIN IN CERTIFYING CAUSES YES DURY IN ITEM IS PART I OR PART ?) 10WN COUNTY 19 1 10 11 11 11 11 11 11 11 11 11 11 11 1	OF DEATH
7	Conditions, if ony, which gove rise to immediate couse foi, stating the underlying couse lost. PART 2 OTHER SIGNIFICAN 19a DATE OF OPERATION 21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF I. (IF EITHER NOTHEY MEDICAL EXAMIP LAT WORK 27a.1 certify that (1) (this has sow the deceased alive obove) [1] (we [3]) (did 1) STONATURE	DUE TO, OR AS A CONSE (b) DUE TO, OR AS A CONSE (c) T CONDITIONS CONTRIBUTING 19b CONDITION FOR WH DEATH HOUR A.M. MONTH HOUR A.M. MONTH F.M. 21b PLACE OF INJURY (AT HOME STREET, FACTORY OFF	EQUENCE OF TO DEATH BUT NOT RELATED TO THE HICH OPERATION WAS PERFORMED DAY YEAR 19 FICE, FARM, ETC.) DEGREE ATTEND PHYSIC 22e ADDRESS ADDRESS	200 AUTOPSY? YES NOW CCURRED (ENTERNATURE OF IN CITY OR DING MEDICAL ST ING MEDICAL ST ING MEDICAL PHYS OMN. ALL,	20b IF YES, WERE FINDIN IN CERTIFYING CAUSES YES DURY IN ITEM IS PART I OR PART ?) 10WN COUNTY 19 1 10 11 11 11 11 11 11 11 11 11 11 11 1	GS USED OF DEATH NO
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DHMH - 16 60M 7/84 (VRA 15, 4)

th certificate be executed within 24 hours

TO HOSPITAL OR ATTENDING PHYSICIAN: The law require-retained by the hospital or attending physician.



)	0	-	0	6	,	3
201 W PRESTON ST. BALTIMORE MARYLAND 21201	4		es that the death certificate be executed within 24 hours after death. Page 4 may be		red by the offending physician and commercial managers. Page 3	pleose remove corporitopers, roges
C	4		61		w	Q.

		STATE OF MARTLAND
1 -	FOR STATE REGISTRAR	DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH
-		

JIAIL OF MARTEAND		
DEPARTMENT OF HEALTH AND MENTAL HYGIENE		
CERTIFICATE OF DEATH	U	

6	entrales	4	ਲ	1	
REG. NO.					

1		ORPRINTI Pet 5e		EVANS	HE	ACU	CK	05	109	186	力	701
	3. SEX	FEMALE	WHITE		S. DATE C	- 1	14.5	6 AGE (IN YEARS LAST BIR		IF UNDER I YEAR	IF UNDER 24 HR	
1	WA	SHINGTON, D.C.	U.S.A		MARRIEI WIDOWE	D DI	ARRIED U	9. BALTIMORE CITY O	TG	OME	RY,	MD.
2	В	ETHESDA /	OFFICE IN SUCH	OSPITAL, NURSING PACILITY, GIVE STREET AD	DRESS)	REHRE	ment	HOUSEWIF		126 KIND O INDUSTRY NONE		DR .
1	13a S	L RESIDENCE (IF NURSING HOME OR OTI TATE 136 COUNTY		IVE RESIDENCE BEFORE AI 13c. CITY OR TOWN WASHINGTON	, D.C.	138 INSIDE C	NO 🗌	3257 ARCAD	TAP PPE.	,N.W9	20015	7
1	¥.	THER'S NAME FIRST MID WALTER		EVANS		MIRI		WIDDIE		CAYWOOL	5	
7	11	(AS DECEASED EVER IN U.S. ARME ES NO OR UNKNOWN) (IF YES, GIVE W	'AR OR DATES)	577-10-2	095	DAVID		ADDRE SON, SAME				
	NO	18 CAUSE OF DEATH (Enter only PART I. DEATH WAS CAUSED E IMMEDIATE (Conditions, if only, which gave rise to immediate couse (a), stoting the underlying couse lost. PART 2. OTHER SIGNIFICANT CO	DUE TO, OR (b) DUE TO, OR (c)	AS A CONSEQUEN	ICE OF	pirai asya	DOY STOTHE TERMI	arrest. Comer.	DITION GIVI		MATÉ INTERVAL INSET AND DEAT	TH.
1	CERTIFICATION	19a DATE OF OPERATION	196 CONDIT	ION FOR WHICH C	PERATIO	n was perfo	RMED	200 AUTOPSY?	IN CERTIF	, WERE FINDIN YING CAUSES S		
9	MEDICAL CER	210 ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER) 210 INJURY OCCURRED WHILE OTWHILE ALWORK ALWORK	P.M 21e. PLACE O	I. MONTH DAY	19	216. HOW IN)N	ED (ENTER NATURE OF INJU		COUNTY	STATE	
/		22a. I certify that (I) (this hospital saw the deceased alive an above, (I) (we) (did) (did nat) v 22b. SIGNATURE	when the body of	14 19 8	ď	DEGREE	TTENDING PHYSICIAN	, to		06		
		CHRISTOP	/			8218	WISCON	NSON AVE., B	ETHESD	A, MD.	20814	
		SURIAL, CREMATION, REMOVAL SPECIFY) CREMATION	23b. DATE 5/9/8			_ITAN C	REMATORY	234 LOCATION ALEXAN	DRIA,	VÎRĞIN:	IA STATE	

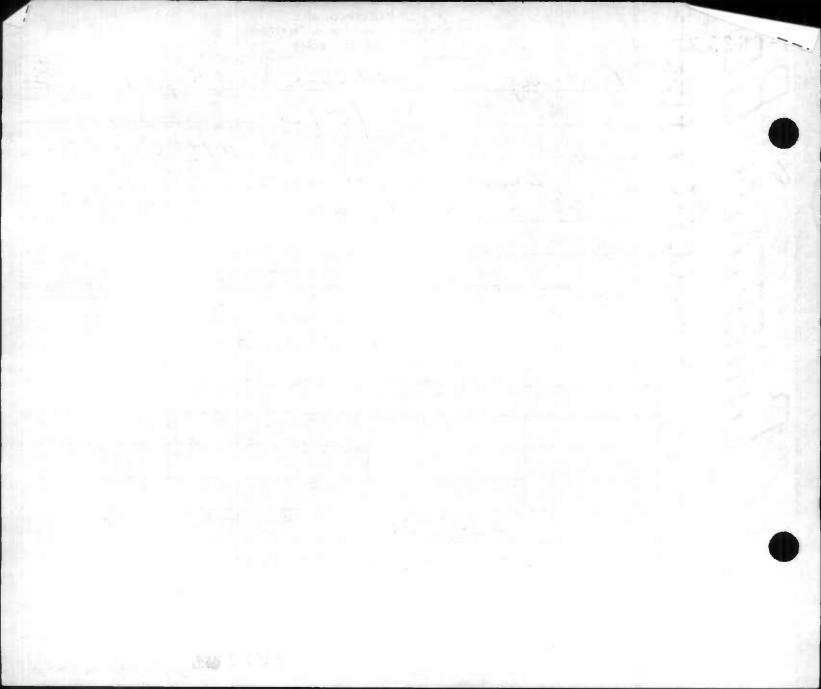
DHMH - 16 60M 7/84 (VRA 15, 4)

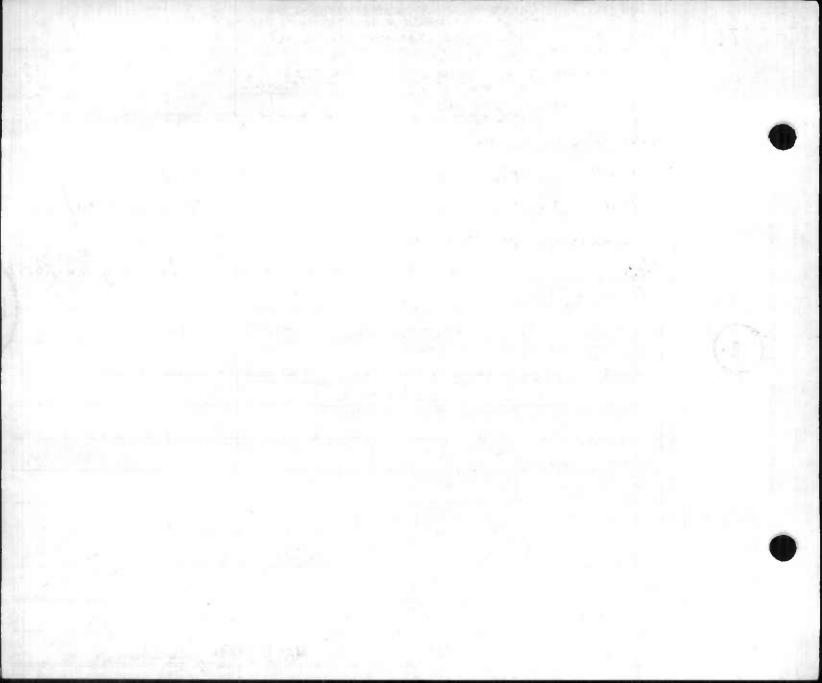
IMPORTANT: If It

24 FUNERAL DIRECTOR RICHARD RAPP, INC. ADDRESS 1804 T ST., N.W., WASHINGTON, D.C. 20009

250 DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE

una Navidson propress





STATE OF MARYLAND

Balto.Wash.Crematory Laurel

20707

P.G.

SPRING KISO DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE.

Md.

BP. DHMH-16 50M 1/81 (VRA 15, 4)

23a BURIAL, CREMATION, REMOVAL

24. FUNERAL DIRECTOR

Cremation 5/5/86

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termention 5/5/16 haitu. att. trentacory laurit 1.6. . Bd.

00-08098

neral director, page 3 m72 hours after death

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

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	1	die	100	/	-
NO.					9

Q ,		REGISTRAR				CERT	FICALE OF D	EATH	REG. N	10		9	
		CEASED NAME	FIR51	M	IDDIE	. 1	LAST		2a DATE OF DEATH		AY YEAR	2h HOUR	
	(TYPE	FRAN	ICINE	(Ho	IOVIV		BERTS STAGE	5 6	1286	7/8 1.	
4.1.2	3 SE		4. RA	ACE .		5 DATE	OF BIRTH		6. AGE (IN YEARS LAST BI	RIHDAY	IF UNDER I YEAR	IF UNDER 24 HRS	
	T	emala	14	1111110	2	MOM		YEAR	74	^	MONTHS DAYS	HOURS MIN,	
NA	7n Bl	RTHPLACE (STATE OR FO	DEIGNI 75 C	ITIZENI OF V	VHAT COUN	TDV2 R) (4	12	9 BALTIMORE CITY	YRS.	OFDEATH		
CE S	-	COUNTRY)	KEIGN /D. C	110	A	MARR	IED NEVER M	ARRIED -			OFDEATH		
0	-	rmont		(N	. / \	WIDOV		ORCED X	Montgo		1	MD.	
2//	10. C	ITY OR TOWN OF DEAT			OSPITAL, NU		OR OTHER INST	ITUTION	12a USUAL OCCUPAT			F BUSINESS OR	
Z.	10	Koma la	rKV	uast	ninato	n A	drentis	5+	Restaurant	eur		Industry	
27	USU,	AL RESIDENCE (IF NURSIN	G HOME OR OTHER		13c. CITY OR		1) 1 13d. INSIDE CI	COTINALL VI	13e STREET ADDRESS	/ 718 CODE		20903	
20	. 1	ARVIAND I	nontag	mery	0	Spnn			00	ersity	RIVO		
Jan		THERSNAME	1.01.50	17-01			15. MOTHER'S	-		51 311	0110	0.01	
85/	Ca	FIRST	MIDDL		West		Fannie	FIRST	Belle		Bryan	+	
0 1	-	OTGE VAS DECEASED EVER IN				SECURITY NO.	17. INFORMA	NT O		ESO ' 0			
dice		YES. NO OR UNKNOWN)	(IF YES, GIVE WAR								r Spriv		
9		No			009-1	0-2922	Ernest	Hanlor	1 10701 Geo	rgia A			
t, th		18 CAUSE OF DEATH	(Enter anly an	e cause per l	ine far (a), (b	, and y		0	/)	7.33	APPROX BETWEEN	MATE INTERVAL ONSET AND DEATH	
	4.5	PART I. DEATH WA	WWEDIATE CA		2-62-7	1611	noon	101	lun		12	Low	
1					AS A CONE	EQUENCE OF	,	1			1		
		Conditions, if any,		DOL TO, OK	AS A COITS	Dien	less 1	Buch	1		1/2/	1	
/		gave rise to imme	diote	(0)			4	1 year				-	3
th Ct		underlying couse		DUE TO, OR	AS A CONS	EQUENCE OF							
ar o	196	DART 2 OTHER CICAL	CICANIT CONI	(c)	NIT DIDLIT IN LC	TO DE ATIL BU	TALOT DELATED	TO THE TEN	WILL DISELECT OR CO.	10.1710001			
lury.	Z	PART 2. OTHER SIGNI	FICANT CONL	1 Inons Co	1	O DEATH BU	A II	TO THE TERM	IN AL DISEASE OR COM	ADITION GIV	EN IN PART 11	3	
y in	CERTIFICATION	198 DATE OF OPERATION	ONI	10h CONIBIT	TON FOR WI	JIEL MEDATI	ON WAS RERECT	SMED !	200 AUTOPSY?	205 IE VES	, WERE FINDIN	ICC LISED	-
d o	F	178 DATE OF CRAFF		THE CONDIT	IOI4 I OK WI	TICH OF ERATI	ON WAS IDENTO	WED	THE ACTORST.	IN CERTIF	YING CAUSES		
g - G	RTI				4-141504		Van den		YES NO		S 🗌	NO 🗌	
20		210. ACCIDENT WAS UNDE		11b. TIME OF HOUR A.M		DAY YEA	R 21c. HOW IN.	JURY OCCURI	RED (ENTER NATURE OF INJ	JRY IN ITEM IB P	ART I OR PART 2)		
onto	CAL	(IF EITHER NOTIFY MEDICA		P.N	<i>(</i> , ·	19	1100						
V 6	MEDICAL	21d. INJURY OCCURRE	D	21e. PLACE C			211 LOCATIO	N	CITY OR T	OWN	COUNTY	STATE	
ked	×	WHILE NOT WHILE		(AT HOME, SIKE	EI, FACTORY, OF	FICE, FARM, ETC.)	SIRECT		CIT OK			37770	
mor		22a.1 certify that (1)/(1		attended the	deceased fr	am 2	12pm	10 V/	10 72	Hay	10 8%	that (I) we last	•
	(6)	sow the deceased	aliye an	UN	an	- 64	and that in (my)	(our) opinian	death occurred on the o	late and hou			
a 2	23	above (1) (we) (die	did nat) vie	w the bady o	ifter death.	70.	DEGREE				22c. DATE		
# He		III. SIGIVATORE	17	U,				TTENDING	MEDICAL STA	FF	721	Carls	
Ž	229	//	//		1350		P	HYSICIAN	DIRECTOR PHYSI	CIAN	100.	3/6	
RIA		22d PHYSICIAN'S NAM	TYPE OF PRIN	00	. /	11	22e. ADDRESS	Λ 1	0 00 /	1.			
MPORTANT:		Mic	Peer	6	1600	rihu	7/1/16	2/1/	The I or	8 10	404		
3 ≧		BURIAL, CREMATION, R	MOVAL 23	b. DATE		23c. NAME OF	CEMETERY OR C	REMATORY	23d LOCATION				
3.6		Burial.	N/	au 21	1986	Panblo	wn Ceme	teru	Rockvill	e Mont	gomery	Maryland	d
	24 FU		rancis	T. Ca	Plins	Jr.	21,0 00.0	25a. DAT	E REC'D. BY REGISTRAN	290. REGIST	PAR'S SIGNAT	URE !	
M 7/B4		10 Universi	tu Rluc	1 (llox	t Silv	or Son	ina. Md.	.1111	1986	Julianti	magar-1	5	
	20	10 unicoeisc	ry brot	i. Wes	00000	00000	5, 1,00	26	11 11 11	M			

DHMH - 16 60M 7/B4 (VRA 15, 4)

TO FUNERAL DIRECTOR. After this certificate has been signed by should be detached for use as the burial-transit permit. Then please with the State Dept. of Health and Mental Hygiene prior to burial, co

TO HOSPITAL OR ATTENDING PHYSICIAN: The low retained by the hospital or ottending physician.

BP.

AND THE RESERVE THE PERSON OF Sight Sight Statement State of Line 1, Sec.

0 - 0 7 3 6 5	1.	FOR STATE REGISTRAR		DEPART	MENT OF H	E OF MARYLAND EALTH AND MENTAL HY ICATE OF DEATH	0 0	G. NO.	48	7 5
D. Street Branch I all		CEASED NAME FIRS		MIDDLE	i	AST	20 DATE OF DEA		DAY YEAR	26 HOUR
oy be	and the same	Lillia	n	ω	Hey	er	May	15, 19	986	7:45 pm
oe od	3. SE	X	4 RACE		S. DATE C		6 AGE (IN YEARS L	AST BIRTHDAY)	MONTHS DAYS	IF UNDER 24 HRS
as of the section	F	emale	Caucas	ian	June	30 1891	94	YR		MIN.
P. D. D.		IRTHPLACE (STATE OR FOREIG	76 CITIZEN OF	WHAT COUNTRY	8 MARRIE	D NEVER MARRIED	9 BALTIMORE C	TY OR COU	NTY OF DEATH	
deoth 77		aryland	USA		WIDOWE	DIVORCED [Montgo	mery		MD
the fu		ITY OR TOWN OF DEATH	(IF NOT IN SU	CH FACILITY, GIVE STREE	T ADDRESS)	OR OTHER INSTITUTION	120 USUAL OCCU	AOST OF WORKIN		OF BUSINESS OR
urs ours		Ever Spring AL RESIDENCE (IF NURSING HO	Bel Pr	e Health	Cente	r	House u	rife	l	
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 2120 ING PHYSICIAN: The low requires that the death conflication certains thin 24 hours oftending physician. We have build that the best been signed by the ottending present certains left filled in by as the build-transit permit. Then please remove confininger in the confliction of the ond Mental Hygiene prior to build, cremation, or confining the left from them 18 shows only injury, or other troumotic certains and confining master.	13a.	STATE 136	ntgomery	130 CITY OR TOV		13d. INSIDE CITY LIMITS?	10438 B	ESS / ZIP C	ODE Drive	20901
YLA thin thin thin inet		ATHER'S NAME		15,000000	spo ocreg	15. MOTHER'S MAIDEN NA	AME		7.0000	20707
NAN DE PER		GOOTAO.	WIDDLE	Wilhelm		Elizabeth	MID	DLE	Weigel	sT .
RE,		VAS DECEASED EVER IN U.		16b SOCIAL SEC	URITY NO.	17 INFORMANT	A	DDRESS		
OW /	. '	YES, NO OR UNKNOWN) (IF Y	ES. GIVE WAR OR DATES)	220-44-0	0021	Kathryn H. S	Sperry Do	ughte		
BAL BAL	10	18 CAUSE OF DEATH (En	ter only one couse pe						BETWEEN	ONSET AND DEATH
F 1	35		DIATE CAUSE (0)_	Conge	STIV	e HEART	Failur	2	10	lay
or o	13		DUE TO,	OR AS, A CONSEOL	JENCE OF	: 1/			1111	
REST december of the move	12	Conditions, if ony, while gove rise to immedia		HRIE	21051	eroTic He	arl D	seas	e yr.	>
W. P		couse (a), stating the underlying couse los	DUE TO	DR AS A CONSEQU	JENCE OF					
s the sed b of or o			(c)_							
RDS, :	N N	PART 2 OTHER SIGNIFICA	L/M & = 1	ONTRIBUTING TO	ACCIO	NOT RELATED TO THE TERM	MINAL DISEASE OR	CONDITION	GIVEN IN PART I	0
ECOR Deer muit.	Ā	190 DATE OF OPERATION	19b. CONI	DITION FOR WHICH		N WAS PERFORMED	20a AUTOPSY		YES, WERE FINDE	NGS USED
he lo on. hos hos ows	CERTIFICATION						YES NO		RTIFYING CAUSES	NO
VITA hysici roote roosi Hygi Hygi	E. C.	210. ACCIDENT WAS UNDERLYIN	110110	OF INJURY	VE AD	21c. HOW INJURY OCCUR	RED (ENTER NATURE C	F INJURY IN ITEM	18 PART I OR PART 2)	
SECIAN: T ag physici certificate ricol-transi entol Hyg ltem 18 sh	M	OR CONTRIBUTING CAUSE (IF EITHER NOTIFY MEDICALEX	OF DEATH	P.M.	19					
PHYSICIAN: anding phys this certifico te buriol-fron d Mentol Hy d or item 18	MEDICAL	21d INJURY OCCURRED	21e PLACE	OF INJURY	EADA ETC 1	21f LOCATION STREET	CITY	ORTOWN	COUNTY	STATE
NG F Niter t os the orked	2	WHILE NOT WHILE		TREET, FACTORY OFFICE,	PARM, EIC J					
A Af		220.1 certify that (I) (this				49 , 19 85		ay	19.86	that (II (we) lost
CTO for of H		sow the deceosed oli obove, (I) (we) (did) (did)	ve on		00.01	nd that in (my) (our) opinion	death occurred on	the dote and	hour and from the	couses stoted
OR A DIRECTOR		37h SIGNESTURE	2	,		DEGREE	EDICAL	CTAFF	22c DATE	SIGNED
XAL D detoo		1	13	ch	1	MY ATTENDING PHYSICIAN	MEDICAL DIRECTOR P	STAFF HYSICIAN [5/1	6/86
HOSPII ned by Lid be the St		//	TIPE OF PRINT,	1.		22e ADDRESS	/ 4		11 -	
HOSS Pointed D FUN could be the the		1. /. /	renAc	ck m	10	4/15 /	118 ON	2. M	heator	1 md

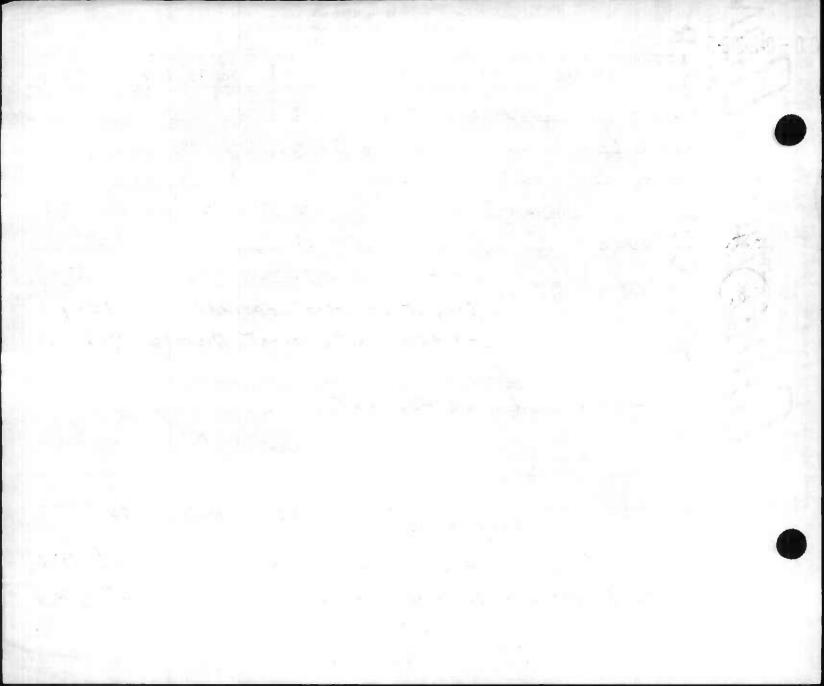
DHMH - 16 60M 7/84 (VRA 15, 4)

230 BURIAL, CREMATION, REMOVAL 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY
Burial May 19,1986 New Cathedral Cemetery
24 FUNERAL DIRECTOR Francis J. Collins, Jr. 250 DATE RI
500 University Blvd. West Silver Spring, Md. MAY

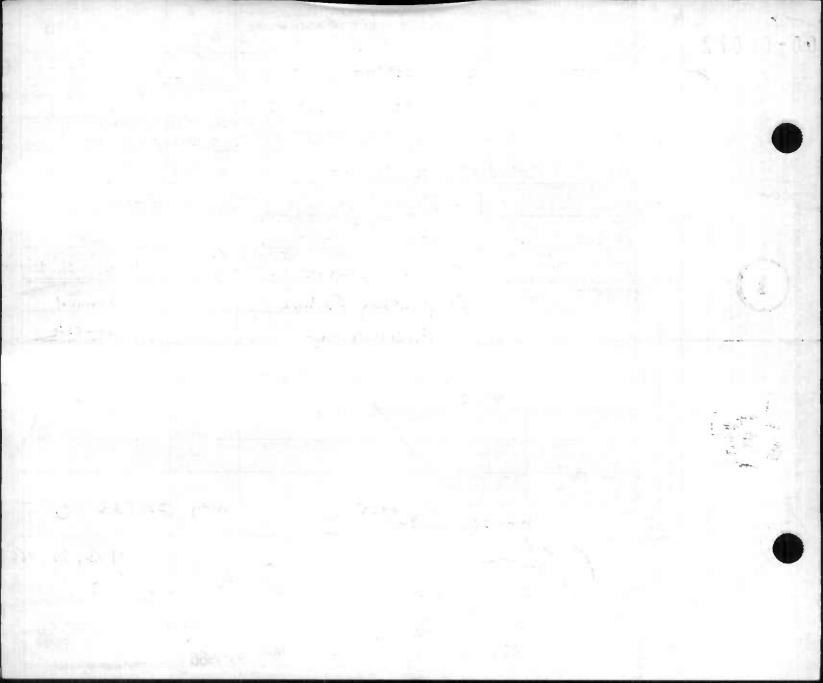
23d. LOCATION
CHYOR TOWN
Baltimore BY REGISTRAR 256, REGISTRAR'S SIGNATURE

Md.

COUNTY



3	- 0 8	072		1	FOR STATE REGISTRAR			PARTMENT OF H	E OF MARYLAND EALTH AND MENTAL HY ICATE OF DEATH	B B REG. N		8	7 6
	e C	e 4 .	4		EASED NAME FI	est 1	M.		ebrand	May 22,		YEAR	12:15p.
	moy	tor, page 3 after death		3. SE		4. RACE		5. DATE C	F BIRTH	6 AGE (IN YEARS LAST B		UNDER I YEAR	2111
	4	ector, rs aft	/		Female	Cauc	asian	Febr	uarŷ 9,189	7 89	YRS. MOI	NIHS DAYS	HOURS MIN.
	deoth. Poge	in 72 hou	19	G	THPLACE (STATE OR FORE) OUNTRY) Orgia		ed Sta	tes widowe	D NEVER MARRIED D	9 BALTIMORE CITY Montgor			7 MD.
10	s after d	by the fu	70	Î	y or town of DEATH neaton	11. NAME	OF HOSPITAL, N		R OTHER INSTITUTION	12a USUAL OCCUPA (UPE OF WORK FOR MOST HOMEMAK	OF WORKING LIFE)	INTO LIC TOV	Home
AND 212	24 hour	filled in ould best	35	13g. S	tresidence (if nursing trate aryland M	county ontgome	ry Ken	E BEFORE ADMISSION) R TOWN SINGton	134. INSIDE CITY LIMITS?	13 STREET ADDRESS	/ ZIP CODE Learbro	208 ook 1	Place
BALTIMORE, MARYLAND 2120	ed within	and 2 sh	50) FA	THER'S NAME Charles	MIDDLE E.	LA		15 MOTHER'S MAIDEN N Emma	WIDDIE			tenman
IMORE,		Popes 1	1		(AS DECEASED EVER IN L ES, NO OR UNKNOWN) (IF	J.S. ARMED FORCE YES GIVE WAR OR DATE N/A	ES? 166. SOCIAI 577-		Dorothy H			ace,	arbrook Kensingt
	U	moval, the			18 CAUSE OF DEATH (E PART I. DEATH WAS	nter only one coust CAUSED BY: MEDIATE CAUSE (c	ROL	Pirator	n Foilure				NONSET AND DEATH
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST.,	the death c	the offending remave care remotian, or her troumotic				ich (t	O, OR AS A CON	Prem	none			14	eek
RDS, 201 V	equires tha	n signed by Then pleose to burial, c		NO		CANT CONDITION	IS CONTRIBUTION	G TO DEATH BUT	NOT RELATED TO THE TER	MINAL DISEASE OR COI	NDITION GIVEN	IN PART 1	10
AL RECO	he law n	thos been it permit iene prior	7	CERTIFICATION	190 DATE OF OPERATION	19b. CC	ONDITION FOR V	VHICH OPERATIO	n was performed	200 AUTOPSY? YES NO 📉	20b. IF YES, V IN CERTIFYII YES	NG CAUSE	INGS USED S OF DEATH?
I OF VIT	ICIAN: 1	this certificate he buriol-transit and Mental Hygi	9		21a ACCIDENT WAS UNDERLY OR CONTRIBUTING CAUS	OF DEATH HOU	ME OF INJURY R. A.M. MONTI P.M.	H DAY YEAR	21¢ HOW INJURY OCCU	RRED (ENTER NATURE OF INJ	URY IN ITEM 18 PART	OR PART 2)	
IVISION	AG PHYS	fer this of s the burner of hond Me		MEDICAL	21d INJURY OCCURRED WHILE NOT WHILE AT WORK	LAT HOA	ACE OF INJURY AE STREET, FACTORY, C	OFFICE FARM, ETC)	211 LOCATION STREET	CITY OR T	OWN	COUNTY	STATE
٥	ATTENDIA ospitol or	for use of Healt of Healt			22a I certify that (I) (this saw the deceased a above, (I) (we) (did)			1.	nd that in (my) (aur) opiniar	to MAY	22 19 date and hour a		, that (1) (we) last e causes stated
	AL OR A	AL DIRECTOR DISTRIBUTION OF THE DEPT.			22b. SIGNATURE	nl			DEGREE ATTENDING PHYSICIAN	MEDICAL STA	AFF ICIAN 🗌		4 22,986
	HOSPIT ained by	TO FUNERAL should be deta with the State IMPORTANT: If	1		Frank C.	1	urn, M.	D.	22e ADDRESS 540 Was	1 Western hington,	Avenu D.C.	e N 2001	5 W. 2
	₽ ē BP				URIAL, CREMATION, REA PEC (FY) Burial	44,	1900	Cedar	EMETERY OR CREMATORY Hill Cemet	erv Suit	land	YINUO:	aryland
		1 - 16 60M 7/ VRA 15, 4)	84	24 FU	NERAL DIRECTOROB	ert A.P sin Ave	umphre. Bethes	Funer da,MD	al Home \$250 PA 20814PA	AY 29 1086	R 25b. REGISTRA	R'S SIGNA	TURE



ng physicion and completely filled in by the funeral director, page 3 bonpopers. Pages 1 and 2 shauld be filed within 72 hours after death

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

6	4	8	1	1
REG. NO.				

89	11 -	FOR STATE REGISTRAR	DEPART	CERTIFICATE OF DEATH DEPARTMENT OF HEALTH AND MENTAL HYGIENES REG. NO. 1 4 8 7 / REG. NO.							
		CEASED NAME FIRST	MIDDLE	LA	ST		MONTH DAY YEAR	2b. HOUR			
	(TYPE	Carrie	L.	H	111	May 21, 19	986	9:45pm			
	3. SE.		RACE	5. DATE O	BIRTH	6. AGE (IN YEARS LAST BIRT					
		Femal	William	MONTH	18 1890	96	MONTHS DA	YS HOURS MIN.			
	70 BI	RTHPLACE (STATE OR FOREIGN 76	CITIZEN OF WHAT COUNTRY		18 18 10	9. BALTIMORE CITY OF	YRS.				
33		rginia	W.S.A	MARRIED	NEVER MARRIED DIVORCED	Montgomer		MD.			
0	3	1. Spr. Md.	I. NAME OF HOSPITAL, NURSII	ADDRESS]	sa Home	12a USUAL OCCUPATION OF WORK FOR MOST OF HOMEMAKER	N 12b. KINI	D OF BUSINESS OR RY			
5	13a. S	al residence (if nursing home or or or of state 13b, count) ryland Montg	113 CITY OR TON	VN I		1006 Helena	Drive	20901			
50		Joe	Sutherland		Judith or n	WIDDLE	Edward	LAST			
medicol	16a V	VAS DECEASED EVER IN U.S. ARMI YES, NO OR UNKNOWN) (IF YES, GIVE V	ED FORCES? 166 SOCIAL SEC VAR OR DATES) 2.35-05-4	0.1	17. INFORMANT Daug Mrs. Frances			24868			
vent, the		IB CAUSE OF DEATH (Enter only PART I. DEATH WAS CAUSED IMMEDIATE	BY:	200 B	no Obstri	rd ion	BETWE	OXIMATE INTERVAL EN ONSET AND DEATH			
ijury, or other troumo	NO	Conditions, if ony, which gove rise to immediate cause (a), stating the underlying cause lost. PART 2 OTHER SIGNIFICANT CO	(b) DUE TO, OR AS A CONSEOU (c) ONDITIONS CONTRIBUTING TO		NOT RELATED TO THE TERM	linal disease or cond	ITION GIVEN IN PART	Tro			
	CERTIFICATION	190 DATE OF OPERATION	19b. CONDITION FOR WHICH	H OPERATION	WAS PERFORMED		ES, WERE FINDINGS USED IFYING CAUSES OF DEATH? IES \(\text{NO} \)				
8 5 m		21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	21b. TIME OF INJURY HOUR A.M. MONTH D	AY YEAR	21c. HOW INJURY OCCUR	RED (ENTER NATURE OF INJUR	IN ITEM 18 PART 1 OR PART	21			
rked or h	MEDICAL	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK	21e. PLACE OF INJURY (AT HOME STREET, FACTORY, OFFICE,	FARM, ETC)	211 LOCATION STREET	CITY OR FOW	VN COUNTY	STATE			
tem 21 is mo		22a.1 certify that (1) this hospito saw the detained along of above, (1) well that day not 22b. SIGNATURE	May 10 10	1	that in (my) (our) opinion	deoth occurred on the do		the couses stated			
±		22d. PHYSICIAN ANA ATE STYPE ORE			ATTENDING PHYSICIAN [MEDICAL STAF		21 wy 86			
MPORTANT: #		MICI	hall le bon	ih py	11/20 N.	Hour S,	lel 2090	17			
2	23a. 1	BURIAL, CREMATION, REMOVAL (SPECIFY) BURIAL	236. DATE 23c. May 25, 1986 WG	NAME OF CE	Metery or Cromothyra Memorial Par	Ly 23d LOCATION CITY OF TOWN	Mercer Wes	t Virginia			
	24 5	UNICHAL DIRECTOR T.	7 0 00'	7.	25- DAT	E DEC'D BY DECISTRAD	SI DECISEDADIS SICA	LATURE			

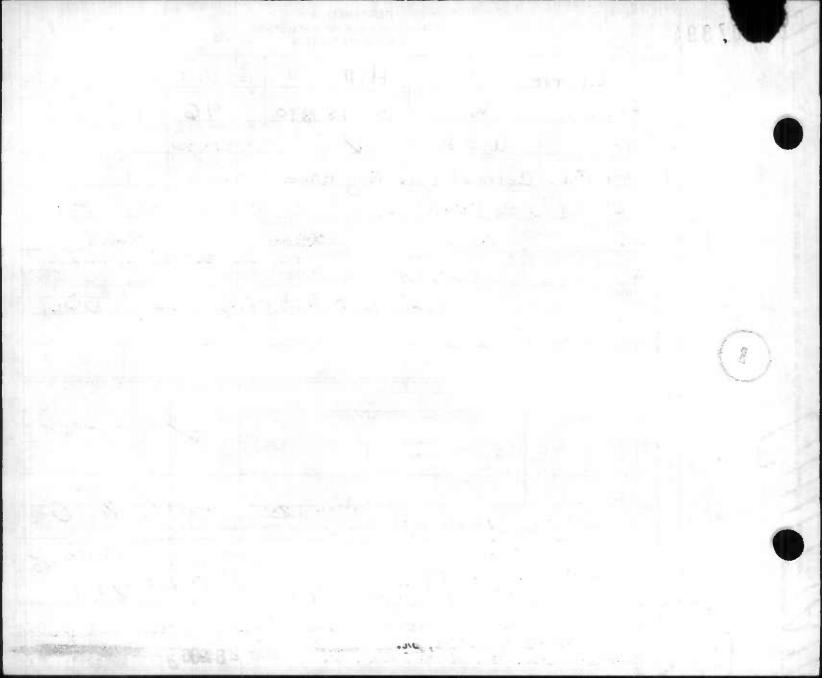
DHMH - 16 50M 4/82 (VRA 15, 4)

should be detoched for use os the burial-tronsit permit. T with the State Dept. of Health and Mental Hygiene prior:

TO FUNERAL DIRECTOR: After this certificate has bu

Francis J. Collins Jr.
500 University Blud. Wst. Silver Spring, Md.

MAY 28 1986



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Stand Military Perluising V 4700 Intial 2384- Annua 2025

Personal State of the South of

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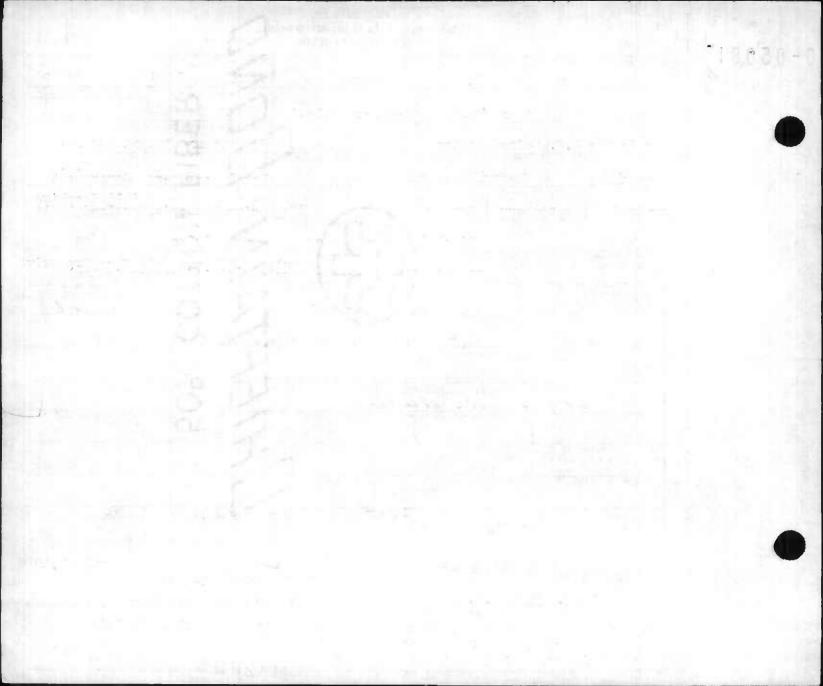
8639	1 - STATE REGISTRAR	3617 item 7/1/86 rj	а	DEPARTMENT OF DICAL EXAMIN			OF DEATH 6	REG. NO.	8 7	9
PLEASE ECTOR. ? FILES. HOURS STREET,	1. DECEASED NA (TYPE OR PRINT)	Thelma	a	WIDDLE	н	ines	20 DATE KNO OF ES DEATH MA	11-		2:45 P M
E FONERAL DIRECTOR. E 5 FOR YOUR FILES. D. WITHIN72 HOURS M. PRESTON STREET,	3. SEX	4. RACE	5 DATE OF BIRTH	6 AGE (IN Y	ARS IF UN			MONTH	DAY YEAR	
	Female	Black	Apr 10,	1921 65	RS.	TS DATS HOURS	DEAD	5/2		2:45 P. M
84/	FOREIGN COUNTR	RY)				ED NEVER MARE	RIED U	CITY OR COUNTY		
35	Wasning III. CITY OR TOW	ton, D.C.	United S	SPITAL, NURSING HOM	WIDOW E, OR OTH		12ª USUAL OCCUPATI	OMETY COU	25 KIND OF BL	MD.
0		Spring	11235	acility, give street adoress) Oakleaf Dri	ve, #	1102	Accountant	LIFE)	OR INDUST	RY
	usual residend 130. State Maryla	13b COUN		13c. CITY OR TOWN Silver Sp	,	134 INSIDE CITY LIMITS?	13e. STREET ADDRESS	eaf Drive	, #1102	701
7	14. FATHER'S NA	_	MIDDLE	1AST		15. MOTHER'S MAID	MIDDLE		LAST	
9	Charle:	s A. Harri	MED FORCES?	16b. SOCIAL SECURI	TY NO	Anna Jo		DDRESS		
	(YES, NO, OR UNK	(NOWN) (IF YES, GIVE	WAR OR DATES)	577-26-50			nes, 112 Pres		omefret	,Md.
	18. CAUSE PART I	OF DEATH (Enter or DEATH WAS CAUSE		e for (o), (b), and (c).) Acute myoca	7				APPROXIMAT BETWEEN ONSE	EINTERVAL
	gave cause lying o	tions, if any, which rise to immediate (a) stating the <u>under</u> couse last.	(b) DUE TO, OF	R AS A CONSEQUENCE BUT NOT RELATED TO THE TER None		E OR CONDITION GIVEN IN P	\$RT 1 (g).			
AL, CKEMATION, OR KE	N 210 EXTER	OF OPERATION	196. COND	ITION FOR WHICH OPE	RATION W	AS PERFORMED?			20 AUTOPSY	?
\leq	N	one		L.T.					YES 🗌	NO K
3	UNDERLYI	NAL CAUSE WAS NG OR JTING CAUSE OF	DEATH P.A	A. MONTH DAY YEA A. 19	R		None	N ITEM 18 PART 1 OR PART	2)	
	WHILE AT WORK	OCCURRED NOT WHILE AT WORK		OF INJURY (AT HOME, CTORY, FARM, ETC.)		CATION	CITY OR TOWN	COUN	ŧΤΥ	STATE
AFTER DEATH, WITH THE STATE DEPARTMENT OF HEALTH BALLIMORE, MARYLAND, 21201 PRIOR TO BURNAL, CREM	ACTUAL SIGNATUR EXAMINER (TYPE OR P	nulted from Notu	hn S. Roge	ers, M.D.		Homicide TITLE (SPECIFY) Deputy 1919 ADDRESS Silve	MEDICAL EXAMINE Seminary Roar Spring, Me	R SIGNED ad ontgomery	5/21 County	, Md.
	(SPECIFY) Burial 24. FUNERAL DIR		lay 28,198		livet	Cemetery	Washington	n. D.C.		TATE
							REC'D. BY REGISTRAR 12	Sh REGISTRAR'S SIC		

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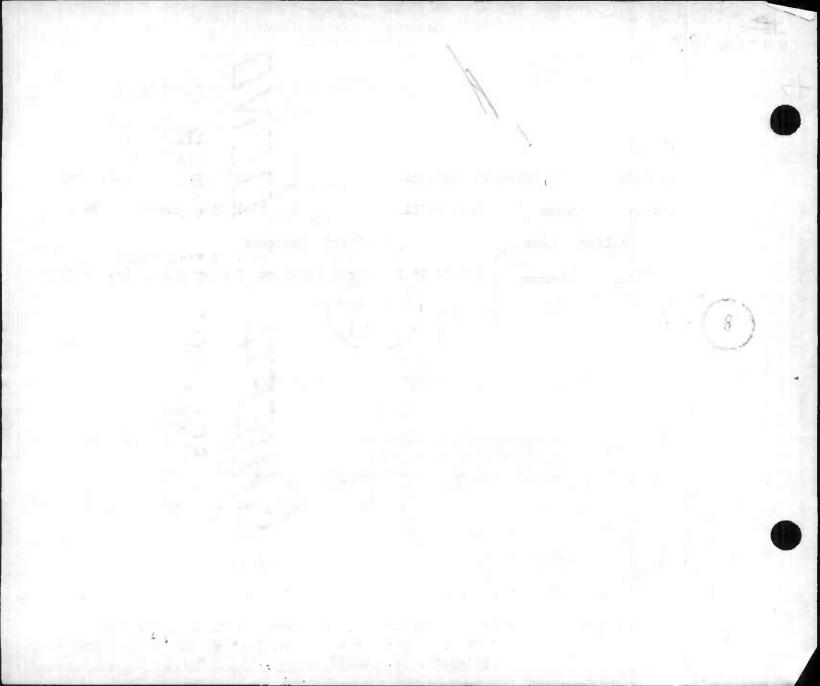
		FOR			DEPARTI		TE OF MARYLAND HEALTH AND MENTAL HYG	IENE () A	1	A 0	9 0
		STATE REGISTRAR				CERTI	FICATE OF DEATH	REG. NO		4 0	0 0
1		ASED NAME	FIRST		WIOOFE		LAST		MONTH DAY	YEAR	26 HOUR
2		E	lsa		R.	Н	obson	April 26,	1986		4:50p M
	3. SEX			4 RACE		5. DATE	OF BIRTH	6 AGE (IN YEARS LAST BIR	MOAY) IF L	INDER I YEAR	IF UNDER 24 HRS
		Female		Caucas	ian	141001141	ber 28,1904	81	YRS		
7	7a BIRT	HPLACE (STATE OF FO	DREIGN	7b. CITIZEN OF	WHAT COUNTRY?	8. 	ED NEVER MARRIED	9 BALTIMORE CITY O	R COUNTY OF	DEATH	30 6 7 3
1		ashington			States	WIDOW	EDK DIVORCED	Montgomery			
1	F	ORTOWN OF DEA		Rockv	ille Nur	ADORESS)		12d USUAL OCCUPATION OF WORK FOR MOST OF Legal Secr		126. KIND OF INDUSTRY TO Gover	U.S.
1	USUAL 13e, ST	RESIDENCE (IF NURSI	NG HOME OR	OTHER INSTITUTION	GIVE RESIDENCE BEFORE	ADMISSION]	113d. INSIDE CITY LIMITS?	13e.STREET ADDRESS	ZIP CODE 6	016 0	hachira
7		ryland		gomery	Bethesd		YES NO X	Drive Beth			
-2	14 FAT	HER'S NAME		MIDOLE	1457	0.7	15 MOTHER'S MAIDEN NA	ME			13
9	Jo	seph		WIDOLE	Finckel	6 4	Agnes	Eloi	se	A1d	en
1	(YE	AS DECEASED EVER I		MED FORCES?	579-26-0		17 INFORMANT Charl Bethesda, Mary	es W. Claxo	ss n 6016	Chesh	ire Driv
	N						Bernesda, Mary	tand ZUO14(brother		
		PART I. DEATH WA	Enter or AS CAUSE	ily one cause per DBY:			-				MATE INTERVAL ONSET AND DEATH
			IMMEDIA.	TE CAUSE (o)	6 yrelais	-	unert	2		In	ne 6
		Candisian if	12.1	DUE TO, O	R AS A CONSEQUE	NCE OF	strailer en	al det.	-	10	ne.
		Conditions, if ony, gove rise to imm	ediote	(b)_			11000000000	ns. yerr		/-	nu.
		couse (0), stating underlying couse	lost	DUE TO, O	R AS A CONSEQUE	NCE OF			05		
		PART 2 OTHER SIGN	IFIC ANT (CONDITIONS CO	ONTRIBUTING TO I	DEATH BUT	T NOT RELATED TO THE TERM	INAL DISEASE OF CON	UTION GIVEN	IN PART 1:0	
			,00	heim		Made		THE BIOCHOL ON CO.			
5	CERTIFICATION	DATE OF OPERAT	ION				ON WAS PERFORMED	20a AUTOPSY?	20b. IF YES, W	ERE FINDIN	NGS USED
1	Ē							YES NO X	IN CERTIFYIN		OF DEATH?
7	8	10. ACCIDENT WAS UNO	ERLYING [21c. HOW INJURY OCCUR		Y IN ITEM 18 PART	1 OR PART 21	
1		OR CONTRIBUTING C		ATTI		AY YEAR	75				
	WEDICAL	Id. INJURY OCCURR		21e. PLACE	OF INJURY		21f LOCATION			COUNTY	STATE
		WHILE NOT WHI	IE [(AT HOME ST	REET, FACTORY, OFFICE, F	ARM, ETC)	STREET	CITY OF TO	VN	COUNTY	STATE
	l le	2a.l certify that (1)		tal) attended th	e deceased from	841	10 75	10 26 A.	ng. 19.	EG	that (I) (we) lost
		sow the decease above, (I) (we) (d	d olive on	13 131	10 8	/	nd that in (my) (our) opinion	deoth occurred on the do	te and hour or		
١,		2b. SIGNATURE	0	. 1			DEGREE			22t. DATE	SIGNED
		0	Va	4 lu	nae		ATTENDING PHYSICIAN (MEDICAL STAF	IAN []	Apri:	1 27,198
	1	24 PHYSICIANS NA	METITE	kerenty.			22e ADDRESS 7801	Norfolk Ave	nue		
		John	M.	Wyman M	.D.		Bethe	sda, Maryla	nd 2081	4	
	23a. BU	RIAL, CREMATION, F			r 1 23c. h		CEMETERY OR CREMATORY	23d LOCATION			
	(SF	Cremation		28,198	6 Me	tropo	olitan Cremato	ry Alexandr	ia, Vir	ginia	STATE
4			bert				Homoe DA Isa DAT	E DEC'D BY DECISTRAD	76 DECISTRA	O'C CICINIATI	LIDE
'		7 Wisconsi					nd 20814	00.00.1096	wa was	idson-M	aller

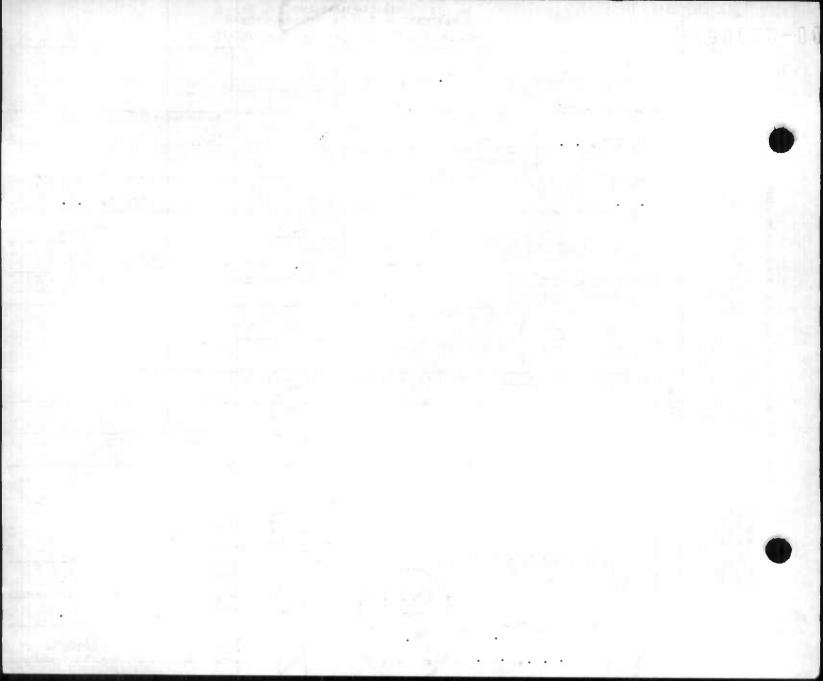
DHMH - 16 60M (VRA 15, 4)

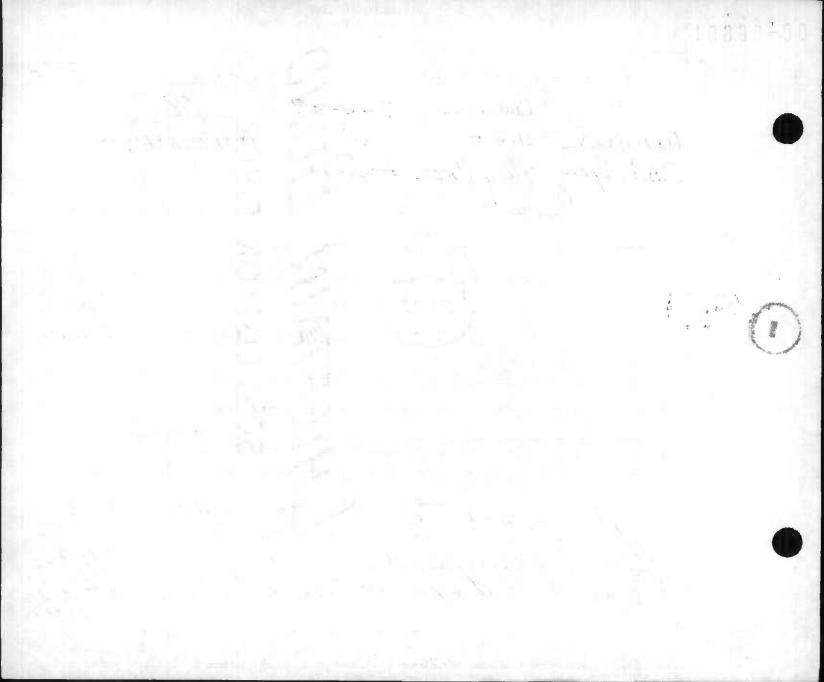
TO HOSPITAL OR ATTENDING PHYSICIAN: The retained by the hospital or ottending physician.



00-0893	2 -	FOR STATE REGISTRAR				MENT OF H	E OF MARYLAND EALTH AND MENTAL HYG ICATE OF DEATH	Ö Ö REG. N		18	8 1
€ 6.€		CEASED NAME FIR		MIDD	A.	110	AST .	20 DATE OF DEATH	MONTH DAY		h. HOUR
3	3. SEX		ARY 14 RAC	F).	15. DATE C	DE BIRTH	6 AGE (IN YEARS LAST BI	SO SO		6:57 AM
2 25	3. 327	MALE	T KAC	C	_	MONTH	DAY YEAR	42	YRS		HOURS MIN.
		RTHPLACE (STATE OR FOREIG	N 76. CIT	IZEN OF WH	AT COUNTRY?	8	D NEVER MARRIED	9 BALTIMORE CITY		DEATH	
1 2/	I11	inois	-	SA		WIDOWE	D DIVORCED X	mon	TG C	0	MD.
11/0	Bet	ty or town of death thesda	Sul	burban	Hospit	al	DR OTHER INSTITUTION	120 USUAL OCCUPAT (TYPE OF WORK FOR MOST) Staff Sgt.	OF WORKING LIFE)	25. KIND OF ENDUSTRY J.S. A1	emy
filled in ould be in		AL RESIDENCE (IF NURS TATE Prida	OUNTY	1.0.	E RESIDENCE BEFORE COTY OR TOW ephyrhi		13d. INSIDE CITY LIMITS?	13e.STREET ADDRESS 1557 Pine		99	248
mplintely and 2 sh	14. FA	THER'S NAME	Hodge		LAST		15. MOTHER'S MAIDEN NA Pearl Taus	WIDDLE		LAST	
1		AS DECEASED EVER IN U	S. ARMED F		SOCIAL SECU	IRITY NO.	17 INFORMANT	1557 API	he Stree		
			ietnam		97-34-7	887	Pearl Elbers	on Zephyrh	ills, Fl		4248
1		PART I DEATH WAS O	ter only one AUSED BY: EDIATE CAU		LIVER	F	ailure			SETWEEN ON	SET AND OFATH
that the death certain the second certain the secon	0	Conditions, If any, wh gave the to immedia could (a), stating underlying course is	ch D	UE TO, OR A (b) UE TO, OR A	S A CONSEQUE	ENCE OF	eism				
reporter Then granter to but	NOI	PART 2: OTHER SIGNIFIC	ANT CONDI	TIONS CONT	RIBUTING TO I	DEATH BUT	NOT RELATED TO THE TERM	NINAL DISEASE OR COM	ABITION GIVEN I	N FART III	
of the bar	THECAT	19s. DATE OF OPERATION	10	W COMPITIC	IN FOR WHICH	OFERATIO	N WAS PERFORMED	YES NOW	70h. IF YES, WI IN CERTIFYING YES	G CAUSES OF	S USED F DEATH? NO [
	CAL CERT	318. ACCIDENT WAS UNDERLY OR CONTRIBUTING C CAUSE OF EITHER HIGHER MEDICAL ST	OF DEATH	HOUR A.M.	MONTH DA	AY YEAR	21r. HOW INJURY OCCUR	RED TENIES HATURE OF BUIL	UNITED THE PART !	DEPARTO.	
G PHYS Other dist	MEDICAL	AL MAINT OCCURRED		e. PLACE OF	BAJURY FACTORS, OFFICE, F	48W-11C-1	ZII LOCATION	cur out	Own.	COUNTY	STATE
TENDIN prol or of Health		77a.1 certify that (I) (I) in sow the dechard of obover (I) (Ne) (did) (hospital) pit				od that (my lour) opinion	death accurred on the o	fate and hour on	from the co	(we) lost
At Off A board off E board off		77E SIGNATURE	lyn	work	an	1	ATTENDING PHYSICIAN	MEDICAL STA	CIAN []	5- 3	D-83
O FUNE To for FUNE The for FUNE		THE PHYSICIAN'S NAME RAY	More	O BK	18]		3941 Er	rua Dr	Wheat	on Mo	1 2090
agaag		URIAL, CREMATION, REM		DATE			EMETERY OR CREMATORY	23d. LOCATION CITY OR TOWN	t c	UNTY	STATE
/ / BP: //	24 FI	Cremation NERAL DIRECTOR	0	6/03/8			Va. Cremator		on, Virg	inia	15.00
DHMH - 16 60M 7/84 (VRA 15, 4)	24 17	om Eld	le		$1 N_{ABDRESS}$ ington,		22203	00 130	The Black	SIGNATUR	







FOR STATE

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	2	13	2.0	R	10
)	- 1	and .	0	0	-
REG. NO.					

-1	REGISTRAR		CEKI	IFICATE OF DEATH	O O REG. N	0.	0	
	1 DECEASED NAME FIRST L	INDA JOD	BEATTIE	IASHOLMES	20. DATE OF DEATH	MONTH DAY	1986 28	HOUR
1	3. SEX	4. RACE	S DATE	OF BIRTH	6. AGE (IN YEARS LAST BIR	THDAY) # UP	DER I YEAR IF	UNDER 24 HRS
	Female	Black	MON		39	YRS.		IOURS MIN.
	70. BIRTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WH	AT COUNTRY? 8	197	9. BALTIMORE CITY O		DEATH	
	Missouri	United S	tates WIDON	NED NEVER MARRIED	Montgomer	v Counts		
3	#0. CITY OR TOWN OF DEATH		THE THE	OR OTHER INSTITUTION	12g. USUAL OCCUPAT		2b. KIND OF B	MD.
	Gaithersburg	SHADY	ADVENT (5)	T HOSPITAL	Secretary	AL MORKING [14.F.]	NDUSIKI	
	USUAL RESIDENCE (IF NURSING HOME OF 130 STATE 13b COUN Maryland Mont	VTY 13	e residence before admission c. CITY OR TOWN silver Sprin	1 13d INSIDE CITY LIMITS?	13e STREET ADDRESS 11215 Oak1	ZIP CODE eaf Driv		0901) . 914
		MIDDLE B E	Beattie	15. MOTHER'S MAIDEN NA. Clara J	MIDDIE		IAST	
1	160. WAS DECEASED EVER IN U.S. AR		SOCIAL SECURITY NO	. 17. INFORMANT11215		ive.Ant.	914.S	ilver
	(YES, NO OR UNKNOWN) (IF YES, GIV	E WAR OR DATES)	95-48-7610	Earl Frankli				
	Conditions, if ony, which gove rise to immediate couse (a), stating the underlying cause lost PART 2. OTHER SIGNIFICANT (DUE TO, OR A	S A CONSEQUENCE OF	UT NOT RELATED TO THE TERM	MINAL DISEASE OR CON	DITION GIVEN I	N PART Ira	2/62
	190 DATE OF OPERATION 210. ACCIDENT WAS UNDERLYING	196. CONDITIO	ON FOR WHICH OPERAT	ION WAS PERFORMED	200 AUTOPSY?	206. IF YES, WE IN CERTIFYING YES	G CAUSES OF	
	710. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA (IF ETHER, NOTHY MEDICAL EXAMINES 210. INJURY OCCURRED WHILE DOLUMNIS CO	HOUR A.M. P.M. 21e. PLACE OF	MONTH DAY YEA			RY IN ITEM 18 PART I	,	STATE
1	AT WORK AT WORK			126/86			9/	
	220.1 certify that (1) (this hospi sow the deceased alive on above, (1) (we) add) (did no	NA	10	and that in (my) (our) opinion	death occurred on the de	ote and hour and		ot (I) (we) lost uses stoted
	27h SIGNATURE	1	n		MEDICAL STA	FF	The DATE SK	8/86
	MARIO O	BELL	E DEWNE	22e. ADDRESS = 14216	14451611	ans L	ANE	- 257
	23e. BURIAL, CREMATION, REMOVAL	236. DATE	23c. NAME OF	CEMETERY OR CREMATORY	23d. LOCATION		UNIY	STATE
	Burial	06/03/8	6 Ashlan	a Cemeterv	St. Joseph			Missouri

DHMH - 16 50M 4/83 (VRA 15, 4)

BP.

TO FUNERAL DIRECTOR:

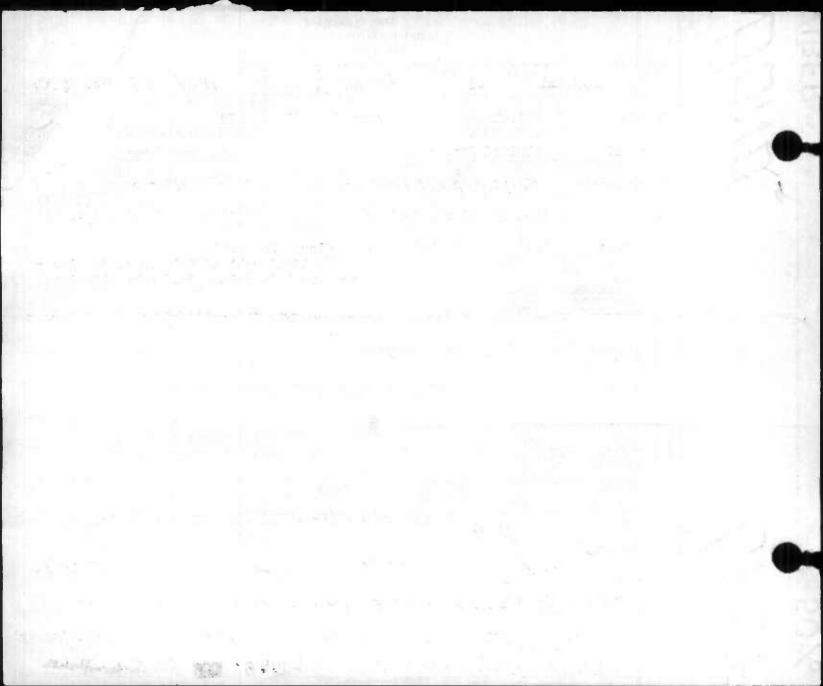
IMPORTANT:

this certificate has been signed by the ottending physici ne burial-transit permit. Then please remove carban paper

shauld be detoched for use as the burial-transit permit. Then please remove carbanpapes with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal

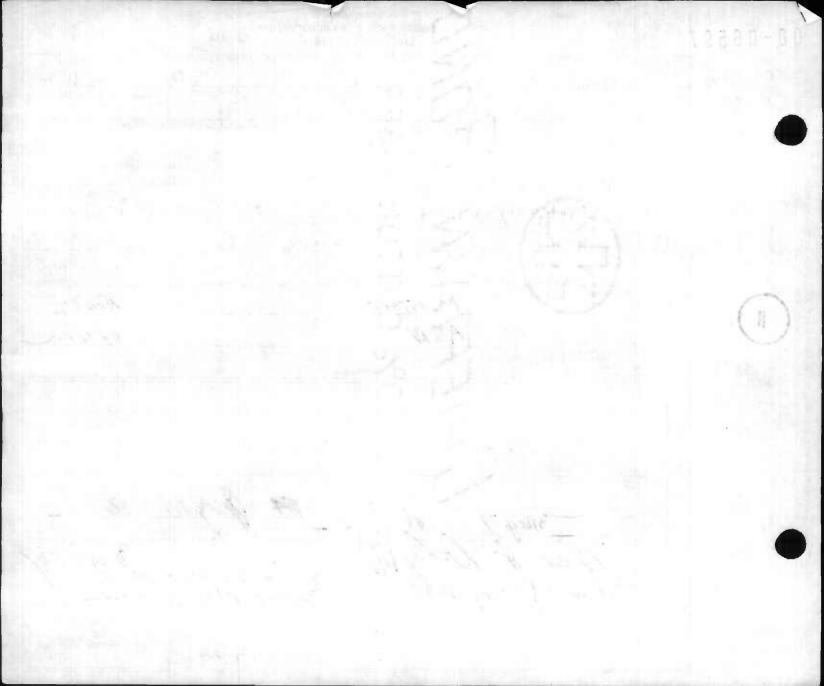
²⁴ FUNERAL DIRECTOR LATNEY'S Funeral Home 3831 Georgia Avenue, N.W.; Washington, DC 20011

25a. DATE REC'D. BY REGISTRAR 25b. REGISTRAR'S SIGNATURE



1804 T ST., N.W. WASHINGTON, D.C. 20009

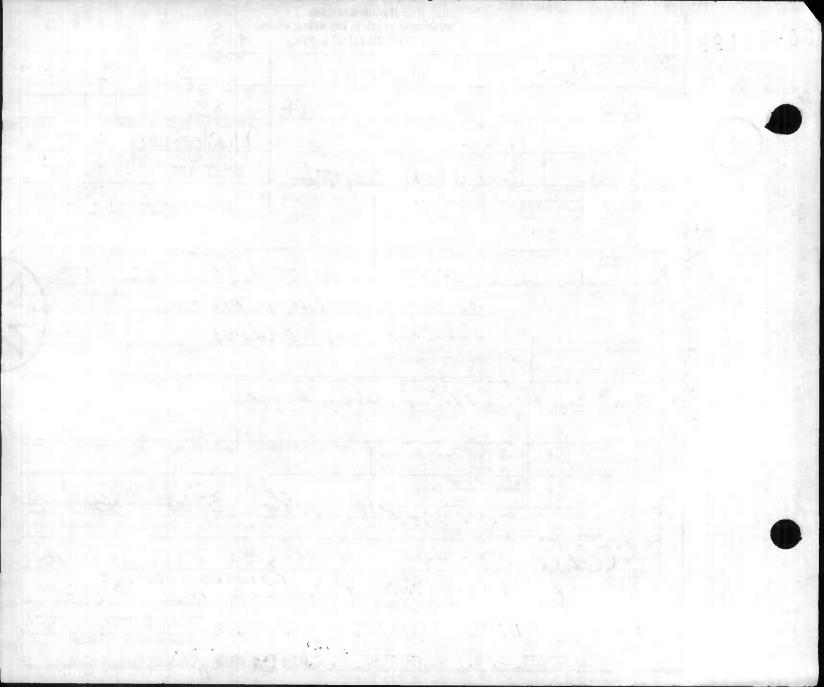
(VRA 15, 4)



0-09199	1 -	FOR STATE REGISTRAR			DEPA	RTMENT OF H	OF MARYLAND EALTH AND MENTAL H ICATE OF DEATH	0	6 REG. NO.	4	8	8 6
may be page 3	(TYPE		ose		MIDDIE	Hopt	MAN		OF DEATH MONTH	30	YEAR 86 NDER I YEAR	26. HOUR 1 AM
ge 4 mc	3. SE>	MALE	33.4		VHITE	S. DATE C	10 04		82	rs.	HS DAYS	HOURS MIN.
de de cath.		RTHPLACE (STATE OR FO	IRE IGN]	u.s.		WIDOWE		M	MORE CITY OR CO	en	CO	UNTY MD.
4 5	3	ethesda	-/	(IF NOTIN SUC	bur b	REET ADDRESS)	OSPITAL	12a USU (TYPE OF)	AL OCCUPATION NOTE TO MOST OF WORK OUSEWIFE	(NG LEE)	NDUSTRY	N HOME
AND 212	13a N		MONT G	OTHER INSTITUTION	ROCKV	PELE	13d. INSIDE CITY LIMITS'	2	ET ADDRESS / ZIP		-	852 ANE
d within		SAACRST	HIRSC	MEDIE	LERNER	?	SARAHST	NAME	WIDDLE		RO.	SEN
MORE, No and correction of the security methods and corrections are corrected and corrections are corrected and corrected and corrections are corrected and correc	()	VAS DECEASED EVER IT	U.S. ARA	MED FORCES? WAR OR DATES)	166 SOCIALS	ECURITY NO. 8-7772	AARON HOF	TMAN,	ROCKVIILE 259 CONGR	, MAI ESSI	DNAL	LANE
or trificate by physicial and	0	18 CAUSE OF DEATH PART I. DEATH WA	Enter and AS CAUSED MMEDIAT	y one cause pe) BY: E CAUSE (o)	Acu To	e my	CARDIAC	INFO	enction		SETWEEN OLG	ONSET AND DEATH
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 2120 ING PHYSICIAN: The law requires that the death certificate be executed within 24 hours or stending physician and completely filled in by as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be fill than and Mental Hygiene prior to burial, cremation, or removal. The property of the method of the method of the method or and a minimum of the filled or them 18 should be fill than a method or them.		Conditions, if ony, gave rise to imm cause (a), stating underlying cause	ediate the	(b)_	OR AS A CONSE	VANY	ARART D	USBA	362		2	zears
requires to require to the ple or to buring	TION	PART 2. OTHER SIGN	nger	hie hea	A fail	ene . C	NOT RELATED TO THE TO	llitre	, ,			NGS USED
AL RECC	CERTIFICATION	19a DATE OF OPERAT				IICH OPERATIC	N WAS PERFORMED	YES [NOXX INC	CERTIFYIN YES [G CAUSES	S OF DEATH?
SION OF VITAL PHYSICIAN: The anding physicial this certificate h e burial-transit p d Mental Hygies d ar frem 18 sh	MEDICAL CE	210. ACCIDENT WAS UNDI OR CONTRIBUTING C. (IF EITHER, NOTIFY MEDIC 21d. INJURY OCCURRI	AUSE OF DEA ALEXAMINER	21e PLACE	OF INJURY OF INJURY REET, FACTORY, OFF	19	21f. LOCATION STREET	ORRED (ENTE	CHT ON TOWN	EM 18 PARI	EDUMN'	318/8
DIVIS TENDING I TOR: After or use as th of Health an	4	220.1 certify that (1) saw the decease abave, (1) (we) (d	this haspit				nd that in (pay) (aur) apin	10_ ian death acc	5/30 urred on the date as	19. ad how or	at from the	that (I) (with last causes stated
haspara ATECTORECTORECTORECTORECTORECTORECTORECTO		22b. St. St. A. (U.)	res (did no	view the body	y after death.	>	DEGREE ATTENDING PHYSICIAN				5 /	30/86
TO HOSPITAL (retained by the TO FUNERAL I should be deta with the State I IMPORTANT: if		JOEL.	ME TTYPE O		SKIN	mo	ROCKV	Roma	e mo	Dra	208	27
Tee start with the start of the		BURIAL, CREMATION, F (SPECIFY) RIIDTAI	REMOVAL	23b. DATE			EMETERY OR CREMATO		OCATION CITY OR TOWFALLS	сни	RCH,	VIRGINIA

24 DONALDEWS STEIN HEBREW MEMORIAL FUNERAL HOME 250 DATE RE 232 CARROLL STREET, N. W., WASHINGTONN, D. C. JUN O

DHMH - 16 60M 7/B4 (VRA 15, 4)



DING PHYSICIAN, The

DHMH - 16 60M 7/84 (VRA 15, 4)

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ST. BALTIMORE, MARYLAND 21201	0	
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utilicate be executed within 24 hours after death. Page 4 may be	0	
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はつつとう	0	
Colcol Explanation of the Color	3	

STATE OF MARYLAND 1 - FOR STATE REGISTRAR

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DEPARTN	LENT	OF	HEAL	TH	AND	MENT	AL	HY	GIEN
	CE	RTI	FIC	ATE	OF	DEAT	H		

b HOUR

. 1 T	DECEASED NAME	FIRST		WIDDLE		AST		MONTH	DAY YEAR	26 HOUR
11		THOMAS		Р.		HORAN	MAY 10, 19			1:00 AM
13	SEX		4 RACE		5 DATE (DAY YEAR	6 AGE (IN YEARS LAST BIR	(YADHY)	MONINS DAYS	IF UNDER 24 HRS HOURS MIN.
	Male		Caucas.		Sept	ember 5, 1912	73	YRS.		
70	BIRTHPLACE (STATE	E OR FOREIGN		WHAT COUNTRY?	MARRIE	DXX NEVER MARRIED	9 BALTIMORE CITY O	R COUNT	Y OF DEATH	
	Pennsylvar		USA		WIDOW		Montgome	<i>LU</i>		M
10.	CITY OR TOWN OF	DEATH		HOSPITAL, NURSIN ICH FACILITY, GIVE STREET		OR OTHER INSTITUTION	120 USUAL OCCUPATI	ON FWORKING LI	FE) INDUSTRY	
	Wheaton			awson Aver			Cost & Repo	rir A	ndlyst	Admin.
	SUAL RESIDENCE (IF	136 COUN		131. CITY OR TOW		134 INSIDE CITY LIMITS?	13e.STREET ADDRESS	ZIP COD	E	
	Maryland	Monto	nomery	Wheaton		YES NO X	3104 Daw	son A	venue	2090
111.	FATHER'S NAME		MIDDLE	LAST		15. MOTHER'S MAIDEN NAM	WE		tA5	51
	Patrick			Horan		Frances			Marcel	lus
160	WAS DECEASED E		MED FORCES? E WAR OR DATES)	166 SOCIAL SECU		17 INFORMANT	ADDRE	SS		
/ _	Yes	WU	11	214-03-	8223	Grace H. Hora	an Wife:	same o		
1	18 CAUSE OF D	EATH (Enter on H WAS CAUSE)	ly ane cause pe	er line for tay toy an	dicip	4			BETWEEN	MATE INTERVAL
	FACTI. DEAT		E CAUSE (a)_	Con	woo	anus			su	deley
			DUE TO, O	OR AS A COMSEQUE	NCE OF	and 1	1.		1.00	me
	Conditions, if		(tb)_		rome	2 array C	Micor		10	zeos
	gove rise to cause (o), s	tating the	DUE TO, O	OR AS A CONSEQUE	NCE OF	1			20	
	underlying c	ause last.	(c)_	an	terr	orchosis			100	chore.
	PART 2 OTHER	SIGNIFICANT	ONDITIONS (ONTRIBUTING TO E	DEATH BUT	NOT RELATED TO THE TERM	INAL DISEASE OR CON	DITION GIV	VEN IN PART 1	0
2 PERION NO.								Toron or one		
	19a DATE OF OP	ERATION	196 CONI	DITION FOR WHICH	OPERATIO	N WAS PERFORMED	200 AUTOPSY?		S, WERE FINDI	
4						T	YES NO		ES 🗌	NO 🗌
	OR CONTRIBUTION		110110	of injury a.m. month da	AY YEAR	21c. HOW INJURY OCCUR	RED (ENTER NATURE OF INJU	RY IN ITEM 18	PART I OR PART 2)	
7 3	(IF EITHER NOTIFY	MEDIC AL EXAMINER) F	P.M.	19					
MEDICAL	21d INJURY OCC			OF INJURY TREET, FACTORY, OFFICE F	ARM ETC]	21f. LOCATION STREET	CITY OR TO	WN	COUNTY	STATE
1	AT WORK A	T WORK						2011		
		,	- NI	he deceased from _	49 0	my 1, 19 74	_ to Way	7	19_86_	that (we) las
1		ceased alive on ve) (did) (did na		y after death.	. 0	nd that in my) (our) apinion	death occurred on the de	ate and ha	ur and from the	causes stated
	226 SIGNATURE	1	16/1	1		DEGREE			22r. DATE	SIGNED,
3.2	160	acted.	100	nego	1	ATTENDING PHYSICIAN	MEDICAL STAI		5/	12/86
/	22d PHYSICIAN	S NAME (TYPE O	R PRINT)			22e ADDRESS			- 1	1
/	Michae	e R. Doi	bridge.	M.D.		13975 Connec	ticut Avenu	e Sil	ver Spr	ing, Md
23	a BURIAL, CREMATI				NAME OF C	EMETERY OR CREMATORY	23d LOCATION			
	Burial.		Mau 1	3 1986 Ga	to al	Heaven Cemet	onu Silven	Sprin	a Manta	omeru M
24	FUNERAL DIRECTO	R Franc	us J. C	ollins. J.	7.	250. DAT	E REC'D. BY REGISTRAR	25b. REGIS	TRAR'S SIGNA	Whindall
/84 5	00 Univer	situ Re	1d (1)	Silvon S	nhina	Md M	E REC'D. BY REGISTRAR	Sulie	Confegation	



STATE OF MARYLAND	
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DEPARTMENT OF HEALTH AND MENTAL HYGIENE

6	1	4	3	8	3
REG. NO.				- 1	2

0-07793	1.	FOR STATE REGISTRAR		OF HEALTH AND MENTAL HYD TIFICATE OF DEATH	BIENE 8 6	4 6 8 8
noy be poge 3 r deoth	(TYPE	CEASED NAME FIRST	MIDDLE	Horton		TAY YEAR 26 HOUR 1
ge 4 moy ector, po	3 SE		BLACK 5. DA	TE OF BIRTH		FUNDER LYEAR IF UNDER 24 HRS
deoth. Pour	1	Rginia	DISIHI WIDO	RRIED NEVER MARRIED DWED DIVORCED	MONTGO W	OF DEATH
urs ofter of the filled with	X	3 ethesda		059.	120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFE	126 KIND OF BUSINESS OR INDUSTRY
y filled in should be	130 5	STATE 136 COUNT	THER INSTITUTION GIVE RESIDENCE BEFORE ADMISSI Y BOTHLY BETHESDA	13d. INSIDE CITY LIMITS? YES NO 1	130 STREET ADDRESS / ZIP CODE 572/ GHOSVEN	101 Lant
complete	2		DDLE PARKER ED FORCES? THE SOCIAL SECURITY NO	BeoRgia	MIDDLE	TAYLOR
ion ond		YES NO OR UNKNOWN] {IF YES GIVE	war or dates) 517-24-53	38 Isabelle v	5/1/4	
ng physic bonpope removol		PART I. DEATH WAS CAUSED IMMEDIATE	CAUSE (o)	watery Faccon	2	BETWEEN ONSET AND DEATH
of the state of th		Conditions, if ony, which gave rise to immediate couse (o), stating the underlying cause last	DUE TO, OR AS A CONSEQUENCE O	F	, , , , ,	years.
een s in. Th ior to by ny inj	ATION	PART 2 OTHER SIGNIFICANT CO	ONDITIONS CONTRIBUTING TO DEATH			WERE FINDINGS USED
The low street has been sort permitting shows or	CERTIFICATION	21g. ACCIDENT WAS UNDERLYING	21b. TIME OF INJURY		YES NO YES	ING CAUSES OF DEATH?
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Spital or Scrok: A d for use t. of Heol		220.1 certify that (I) (this hospital saw the deceased alive on above, (I) (me) (that (all a not)			death occurred on the date and hour	
ITAL OR A the holy the holy the holy the holy the holy the holy that DIRE! detached that Depth holy the holy th		22b. SIGNATURE	Jarry Leus		MEDICAL STAFF DIRECTOR PHYSICIAN	5/20/86
CO HOSPITAL etained by the TO FUNERAL Should be detuyed with the State MAPORTANT.		·	sary HECOHE		ARA DRIVE WHS	iAton grb 209d
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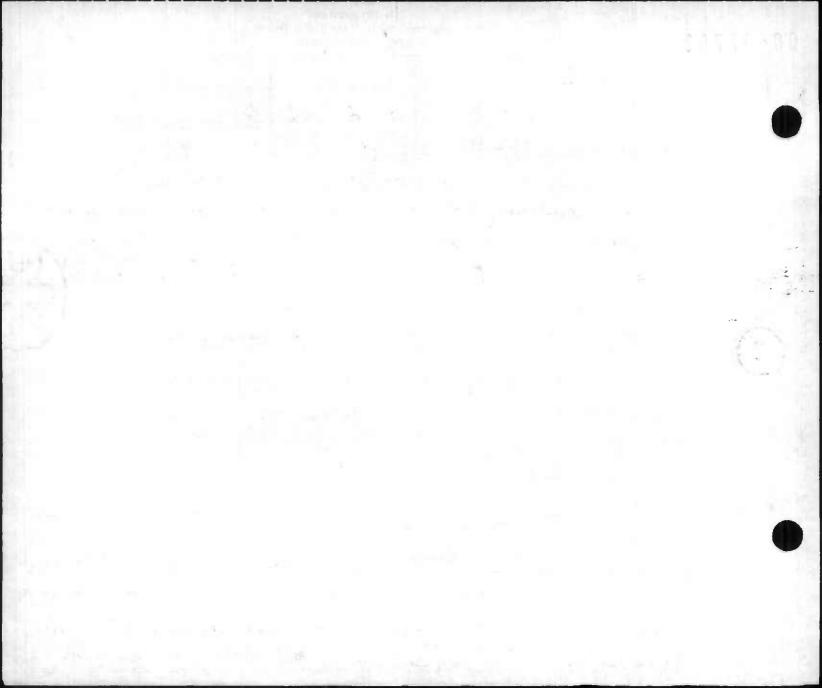
DHMH - 16 60M 7/84

(VRA 15, 4)

FOR

621 FLAGORBAUE, N.W. Wash, D.C. (2000)

250 DATE REC'D. BY REGIST



24 FUNERAL DIRECTOR : William Lee's Sons Company

300 4th Street, N.E. Washington, D.C. 20002

25s. DATE REC D. BY REGISTRAR 25b. REGISTRAR'S SIGNATURE

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DHMH - 16 50M 4/82 (VRA 15, 4)

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(VRA 15, 4)

P.O. Box 388 Charles Town, West

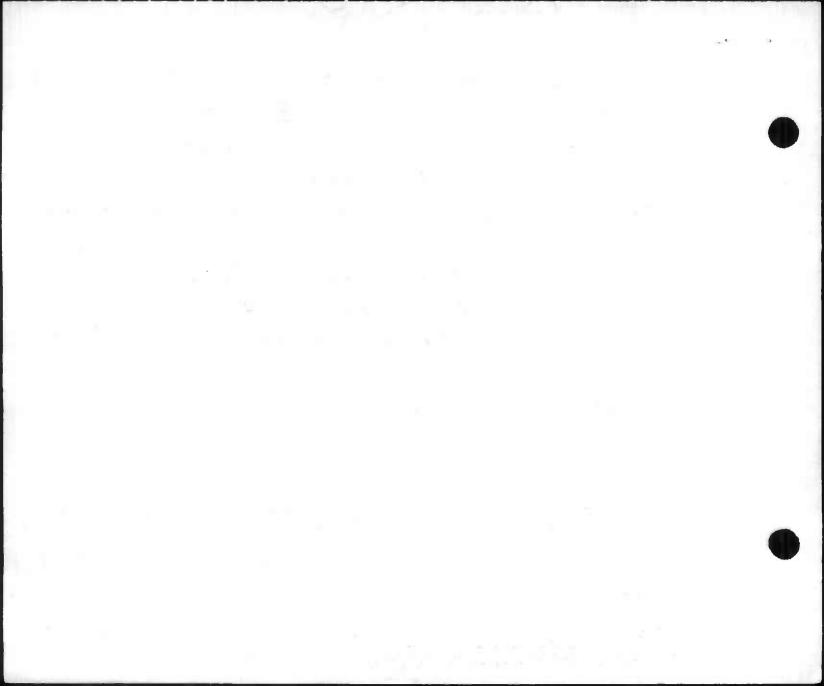
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1-	FOR STATE REGISTRAR		CERTIFICATE OF DEATH	REG, NO.	1890		
	OR PRINT) SHER	RILL	HUGHES	20 DATE OF DEATH MONTH DA	20 11000		
3. SEX	Female	A RACE Black	July 7, 1957	6. AGE (IN YEARS LAST BIRTHDAY) IF	IF UNDER 1 YEAR IF UNDER 24 H		
	RTHPLACE (STATE OR FOREIGN	76. CITIZEN OF WHAT COUNTRY	Y? 8. MARRIED NEVER MARRIED X WIDOWED DIVORCED		OF DEATH		
	akoma Park		sing home or other institution tet address) tdventist Hospit	12g USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFE) AUTOMOTO Process	12b KIND OF BUSINESS INDUSTRAUTOM		
13a. S	TATE 136 COU			13. STREET ADDRESS / ZIP CODE 614 Sligo AV	enue 20910		
14. FA	ther's name H enry	MBDLE Hug	shes Hazel	WIDDLE	Washby		
	(AS DECEASED EVER IN U.S. A ES NO OR UNKNOWN) (IF YES, G		CURITY NO. 17 INFORMANT 4-9673 Hazel Hugh		les Town, werty St,		
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	sow the deceased alive a	oitol) oftended the deceased from Solview the body offer death.	on death occurred on the date and hour of	9, that (I) (Ne and from the couses state 22c, DATE SIGNED			
	22d. PHYSICIAN'S NAME (TYPE		22e ADDRESS 85	00, 16 th st grute	G3)		
(URIAL, CREMATION, REMOVA SPECIFY) Burial	5-10-86 F	NAME OF CEMETERY OR CREMATOR Pleasant View Dime 250 D	23d LOCATION CHYORTOWN Vartinsburg, B ATE RECD, BY REGISTRAR 2	county STA' erkelev W		

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STATE OF MARYLAND

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UU	- 08452		REGISTRAR		CERTIFICATE OF DEATH	REG. NO.	
	15		CEASED NAME FIRST	MIDDLE	LAST	20 DATE OF DEATH MONTH D	AY YEAR 26. HOUR
	be 3	(Hele	N G.	HUNLEY	5 -2	79-86 2"Pm
	you by	3. SE)		4 RACE	5. DATE OF BIRTH	6 AGE (IN YEARS LAST BIRTHDAY)	F UNDER TYEAR IF UNDER 24 HRS
	or.	0.02.		1 4 +0	MONTH DAY YEAR 3	02	ONTHS DAYS HOURS MIN.
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	2 33 25	-	Y OR TOWN OF DEATH		URSING HOME OR OTHER INSTITUTION	12a USUAL OCCUPATION	126 KIND OF BUSINESS OR
_	住 里,时	6	Ywas Caning	(IF NOT IN SUCH FACILITY, GIVE	MA . A	(TYPE OF WORK FOR MOST OF WORKING LIFE	INDUSTRY
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LA I	\$ \$ \$ E	14. FA	THER'S NAME	11/- 1	15. MOTHER'S MAIDEN N		
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BALTIMORE	n and ce Pages 1		'AS DECEASED EVER IN U.S. A	RMED FORCES? 16b SOCIAL	SECURITY NO. 17 INFORMANT SO	n ADDRES 4416	Mt. Olney Lane
W	0 0 0	_ N	lo	579-	20-047/ William H.	Hunley, Jr. Olney	. Md. 20832
ALT.	70 O 50 m		18 CAUSE OF DEATH (Enter o	uniu one couse per lune (a. I.o.)			APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
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N				DUE TO, OR AS A COM	SEQUENCE OF		8 1,000
PRESTON	death attend		Conditions, if any, which	(b)	plan (ance		o gra
Ø.	the a rema emat		gave rise to immediate cause (a), stating the				
3			underlying couse lost	DUE TO, OR AS A CON	SEQUENCE OF		
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<u>o</u>	his d M	MEDICAL	21d INJURY OCCURRED	21e PLACE OF INJURY (AT HOME STREET FACTORY (PERICE FARM ETC.)	CITY OR TOWN	COUNTY
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_	T T S S S S S S S S S S S S S S S S S S		saw the deceased alimin	5/19		in death accurred an the date and have	and from the causes stated
	ATT OSP	1	above (I)(we) (did)(1)	new the bady after death.	DEGREE		22c DATE SIGNED
	OR he h		228 SIGNATURE	/	A	MEDICAL STAFF	-120 101
_		1	Eller 71	uter	MY ATTENDING PHYSICIAN		17/0/06
	HOSPIT ned by FUNER sid be of the Stran	1	224 THYSICIAN'S NAME (TYPE	OR PRINT)	22e ADDRESS	5 - 1	1
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	TO HOSPITAL retoined by the TO FUNERAL should be detributed to with the Stote IMPORTANT:	05	15 71		133 MANE OF CONTESTS OF CONTESTS	In LOCATION	
			URIAL, CREMATION, REMOVA	L 236 DATE	231 NAME OF CEMETERY OR CREMATOR	23d LOCATION CITY OR TOWN	COUNTY STATE
	BP		Burial	June 2, 1986	Et. Lincoln Cemeter	y Brentwood Pr.	Geo. Maryland
	DHMH - 16 50M 4/83	24. FU	INERAL DIRECTOR Franc	is J. Collins,	Jr. 25a, p	ATE REC'D. BY REGISTRAR 256 REGISTA	20 A
	(VRA 15, 4)	50	NERAL DIRECTOR France O University B	lud.W. Silver	Spring. Md.	IN 4 1986 Julie Da	Agon-Nover
	4				-, -, -, -, -, -, -, -, -, -, -, -, -, -	/ /	



(VRA 15, 4)

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STATE OF MARYLAND

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

DHMH - 16 60M 7/84 (VRA 15, 4)

23g BURIAL CREMATION REMOVAL 23b DATE

Burial

24 FUNERAL DIRECTOR Francis J. Collins Jr. University Blvd., W. Silver Spring. Md.

23c. NAME OF CEMETERY OR CREMATORY

May 29, 1986 George Washington Cemetery Adelphi Geo. 250. DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE

2b. HOUR

20902

INDUSTRY

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COUNTY

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y be	I. DECEASE	D NAME FIRST	111	MARRA _	INE	Infante ANTE	2a. DATE OF D	15 -2-	86	26. HOUR 1
ofte	3. SEX Fem		4 RACE Whi	te	S. DATE OF NOV.	10, 1917	68	ARS LAST BIRTHDAY) YRS.	MONTHS BATS	IF UNDER 24 HRS
neral n 72 th	COUNTR	ACE (STATE OR FOREIGN	76. CITIZEN O	F WHAT COUNTRY?	MARRIED WIDOWED	NEVER MARRIED DIVORCED	Mon	Tgome		M
by the filed will	Bet	hesda	(IF NOT IN S	UCH FACILITY, GIVE STREET	M M C	Sp. Tu L		CCUPATION FOR MOST OF WORKING MAKET	LIFE) INDUSTRY	Home
n 24 hau filled in	13a. STATE		e OR OTHER INSTITUTION DUNTY	13c. CITY OR TOV	la	3d. INSIDE CITY LIMITS? YES X NO	4853	Cordell	Ave./20	814
ond 2 s	A. FATHER	S NAME FIRST Frank	WIDDLE	Marra	i	is. mother's maiden n First Maria	AME	MIDDLE	Mora	
n ond co			ARMED FORCES? GIVE WAR OR DATES)	577-26-		Jose Infan	te, Same	address	as #13.	
cio Hers	18 C.	AUSE OF DEATH (Enter	only one couse p JSED BY: IATE CAUSE (o)_		rato	vy fai	lure		BETWEEN	MATE INTERVAL ONSET AND DEATH
of the oath certains y the remains action cremation. Or if their traumatics	gov	ditions, if ony, which e rise to immediate ie (a), stating the erlying cause last	DUE TO,	OR AS A CONSEQU	IENCE OF	petic Spr	eab. i	n Lun	9 2 0	mo.
quires the signed by hen pleas to burial, it or a fury, and		2 OTHER SIGNIFICAN	IT CONDITIONS	CONTRIBUTING TO		OT RELATED TO THE TER	MINAL DISEASE	OR CONDITION G		1
he law req an. has been r permit. If ene prior ti	CERTIFICATION 180 D	ATE OF OPERATION	19b CON	DITION FOR WHICH	OPERATION	WAS PERFORMED	20a AUTOF	IN CERT	ES, WERE FINDIN	
ding physicid by serificate burial-transit Mental Hygic by liem 18 she		ACCIDENT WAS UNDERLYING ONTRIBUTING CAUSE OF	DEATH HOUR	OF INJURY A.M. MONTH D P.M.	AY YEAR	21c. HOW INJURY OCCU			3 PART I OR PART 2)	
ottendin ter this c is the bur h ond Me rked or li	WHII AT WO			E OF INJURY STREET, FACTORY, OFFICE	FARM, ETC.)	211. LOCATION STREET		CITY OR TOWN	COUNTY	STATE
Spitol ar CTOR: Af for use of Heolit	S	certify that (I) (this had aw the deceased alive above, (I) (we) (did) (did)	on 5 2	19_	198	that in (my) (aur) apinio	n death accurred	on the date and he		that (I) (we) los couses stated
y the haspite RAL DIRECTO detached for rate Dept. of them 21		SIGNATURE To vev	n V	iooli	D	TV .	MEDICAL DIRECTOR	STAFF PHYSICIAN	224 DATE	SIGNED - 84
TO FUNERAL E should be deta with the State E IMPORTANT: If	22d. F	TOTOM (TY	PE OR PRINT)	Cook	ب	120 ADDRESS	onn	Ave. K	enin	char
P	(SPECIFY	, CREMATION, REMOV Burial	23b. DATE 5/5/			METERY OR CREMATORY Heaven Cem.	CITY C	ver Spri	ng, MD	STATE

DHMH - 16 60M 7/84 (VRA 15, 4)

Burial 5/5/86 Gate of Heaven Cem.

24. FUNERAL DIRECTOR Joseph Gawler's Sons, Inc. 250. DA 5130 Wisconsin Ave, NW, Washington, D.C. 20016

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1-	FOR STATE REGISTRAR			DEPARTN	NENT OF H	E OF MARYLAIEALTH AND I	MENTAL HYG	IENE 8	6 _{REG. NO.}	1	4 8	9 5	
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1 SE			RACE	15/2-114	5. DATE C			6. AGE (IN)	EARS LAST BIRTHD		UNDER I YEAR	IF UNDER 24 H	HRS SUN.
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	RTHPLACE (STATE OR FO			WHAT COUNTRY?	8.	D NEVER	AAPPIED T	9. BALTIMO	RE CITY OR	COUNTY	OF DEATH		
_	oraia		USA		WIDOWE		VORCED		W	toni	Somer	T/A	MD.
	TY OR TOWN OF DEA	TH 11.		HOSPITAL, NURSIN		OR OTHER INS	TITUTION		OCCUPATION		LIL KIND OF		OR
Ta	koma Park	(1)		ton Adver		Hasnit	al	Machin		ORKING LIFE)	INDUSTRY		
USU	AL RESIDENCE (IF NURSI	NG HOME OR OTH	ER INSTITUTION	GIVE RESIDENCE BEFORE	ADMISSION)				ADDRESS / Z	ID CODE			
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	THER'S NAME					-	S MAIDEN NA	ΜE		ny sa			حده
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	VAS DECEASED EVER			166 SOCIAL SECU		17. INFORMA			ADDRESS		WHA	a.v.	
No	YES, NO OR UNKNOWN)	(IF YES, GIVE W)	AR OR DATES)	263-16-18	20	Bontha	F. Tah	'n P P 1	11/0 0	amo a	1 12		
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	110	10	2.1				TTENIDING	AAEDIC AI	CTACE			5 01	

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22e ADDRESS

DIRECTOR PHYSICIAN

Silver Spring, Md.

230 BURIAL, CREMATION, REMOVAL

344 University Blvd

West #112

Cremation

and 2

23c NAME OF CEMETERY OR CREMATORY

STATE

DHMH - 16 60M 7/84 (VRA 15, 4)

After this certificate has

OR ATTENDING PHYSICIAN: The

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BP.

TO HOSPITAL

TO FUNERAL DIRECTOR. After this certificate has should be detached for use as the buriol-transit per with the State Dept. of Health and Mental Hygiene.

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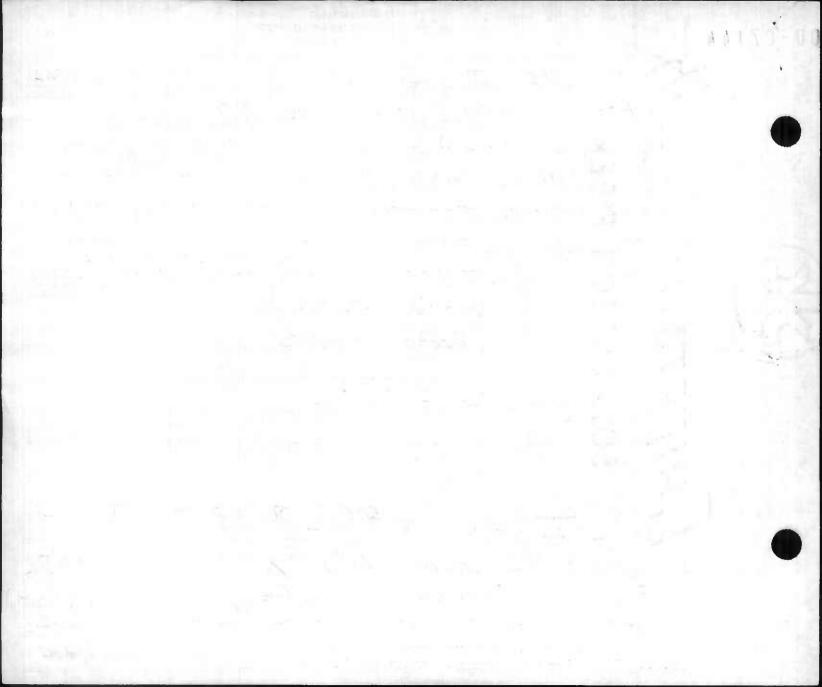
MPORTANT

May 27, 1986 Metropolitan Crematory Alexandria Virginia is J. Collingos Jr. 250 DAJE REC'D. BY REGISTRAR 250. REGISTRAR'S SIGNATURE Francis J. Collins Jr. 24 FUNERAL DIRECTOR 500 University Blvd., W. Silver Spring.

and the second of the second o 266-16-1829 One 5. Take 1 1629 Med at 12 Set Their chair Tight that fill

						OF MARYLAND				
0-07144	1.	FOR STATE REGISTRAR		DEPART		EALTH AND MENTAL I	HYGIENE 8	REG. NO.	4 8	9 6
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	10. C	TY OR TOWN OF DEATH		HOSPITAL, NURSI		ROTHER INSTITUTION	12e USUAL OC	CUPATION OR MOST OF WORKING	126. KIND O	F BUSINESS OR
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2 sh	14. FA	ATHER'S NAME	WIDDLE	LAST		15 MOTHER'S MAIDEN		WIDDLE		
and		John	, and the same of	Johnso	n	Netti		WIDDLE	Putr	
		VAS DECEASED EVER IN U.S. AI	RMED FORCES?	166 SOCIAL SEC	URITY NO.	17 INFORMANT Mr	. Thomas	BADDRJacoc		
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yol . son	PICA PICA	190 DATE OF OPERATION	196 COND	ITION FOR WHICH	H OPERATIO	WAS PERFORMED	20a AUTOP	20b. IF Y	ES, WERE FINDIN FIFYING CAUSES	OF DEATH?
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OR OCHE		27h SIGNATURE	Mi	7/		DEGREE	G MEDICAL _	STAFF	22t. DAJE	SIGNED
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DHMH - 16 60M 7/84	24 FI	NAME Rober	t A. Pum	phrey Fu	neral	Homes, 250.	DATE REC'D. BY REC			
(VRA 15, 4)	P	A 7557 Wisc	onein Au	enile Be	thords	MD	MAI 41	386 Julia	Davidson-F	Pilaner

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MIDDLE

DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

ENI	8	6 REG. N	40.	4	
20	DATE	OF DEATH	MONTH	DAY	

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	FLYETA DIRECTOR. After this certificate has been signed by the attending physician and campletely filled in by the funeral director, page 3	It is a setached for use as the burial-transit permit. Then please remave corban papers. Pages 1 3ed 2 should be III at within 72 hours after death 1	
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etoined by the haspital or attending physician.	0	20	with the State Dept. of Heolth and Mental Hygiene prior to burial, crematian, or removal.
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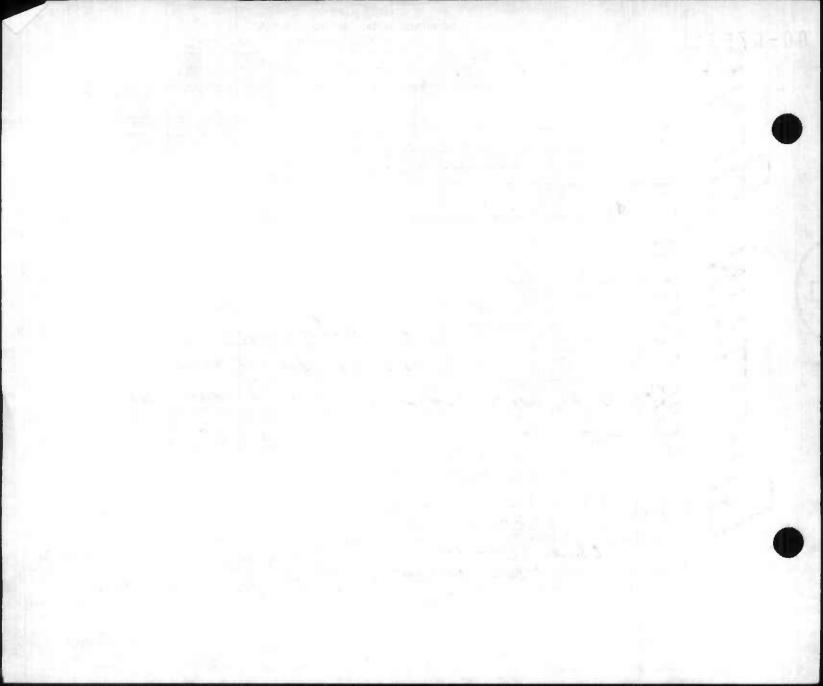
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FOR

REGISTRAR DECEASED NAME

- STATE

0	(TYPE	CRPRINT) Eliza	abeth F.	Jarr	ett	May :	22, 19	86	9:40a
and a sound of the		Female RTHPLACE (STATE OR FOREIGN	4 RACE White 76 CITIZEN OF WHAT COUNTRY	5. DATE O	30 03	6 AGE (IN YEARS LAS	YRS	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS
38	-	Massachusett		WIDOWE		Montgo		County	
69	10 C	Olney	Montgomery G			120 USUAL OCCUP			Cross
35	13a. S	AL RESIDENCE (IF NURSING HOME OF STATE 136 COUR	gOlney	VN	13d. INSIDE CITY LIMITS?			E 209	906 Court
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e medical		VAS DECEASED EVER IN U.S. AR YES NO OR UNKNOWN) (IF YES, GIV O	MED FORCES? 166 SOCIAL SEC 010-12		Mr. Bil	1 F. Jarr	ett ² A:	10 Ford	lham D
ewent, the			ily one couse per line for (0), (b), o D BY. (E CAUSE (0)	nd ic Pu	lenonony	annest'		-	ONSET AND DEATH
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of, crem	6	couse (a), stoting the underlying couse last	DUE TO, OR AS A CONSEOU					2	yee
njury, a	NOI	EOPD, Ry	ownis, or the	DEATH BUT		FRMINAL DISEASE OR C	andition G	SCOLL	D
ene prio	CERTIFICATION	190 DATE OF OPERATION	196. CONDITION FOR WHICH	OPERATIO	N WAS PERFORMED	200 AUTOPSY?	IN CERT	ES, WERE FINDIF IFYING CAUSES (ES]	
ern 18 sh		210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE	HOUR A.M. MONTH	AY YEAR	21c. HOW INJURY OCC	URRED (ENTER NATURE OF	INJURY IN ITEM 18	PART I OR PART 2)	
and Me	MEDICAL	21d. INJURY OCCURRED	21e PLACE OF INJURY (AT HOME STREET, FACTORY OFFICE	FARM, ETC)	211 LOCATION STREET	CITY C	DR TOWN	COUNTY	STATE
of Health		22a.l certify that (I) (this hosp	tal) attended the deceased from. May H 1) view the body after death.	86 .01	nd that in (my) (our) apine	on death occurred on the	1		that (1) (we) lo
re Dept.		226. SIGNATURE Clue	1/10 0111		DEGREE ATTENDING	MEDICAL ST	STAFF	221. DATE	SIGNED 22.86
PORTAN		22d PHYSICIAN'S NAME (TYPE O Oliver Lav	vless, M.D.	tu	122e ADDRESS	ce Phillip		e olne	, ho
2 2		BURIAL, CREMATION, REMOVAL REMOVAL	23b. DATE 5-22-86	NAME OF C	EMETERY OR CREMATOR			COUNTY	STATE
50M 7/84 5, 4)	24. FI	UNERAL DIRECTOR NAME Anatomy	Board	Balto		MAY 26 198	AR 25b. REGIS	TRAR'S SIGNAT	URE

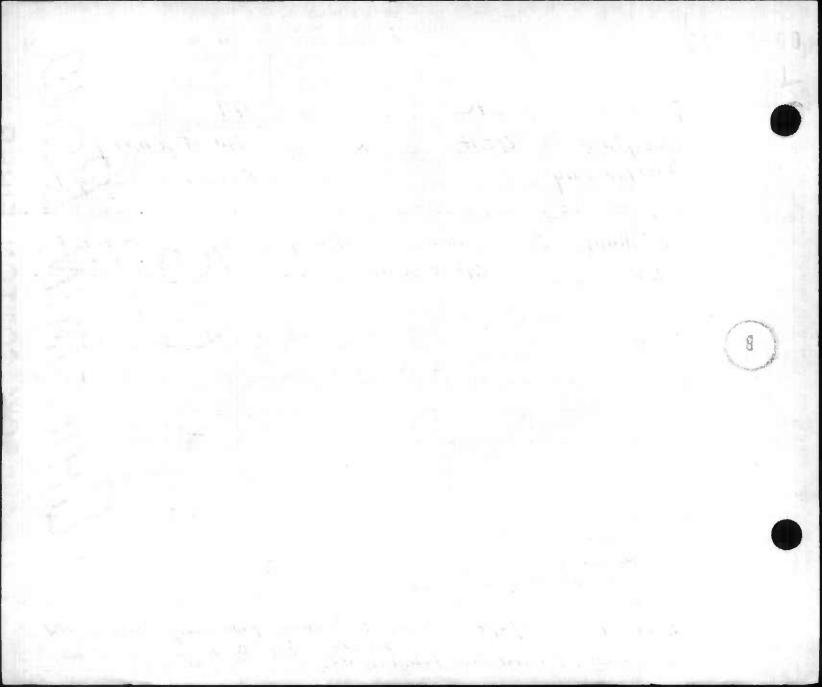


STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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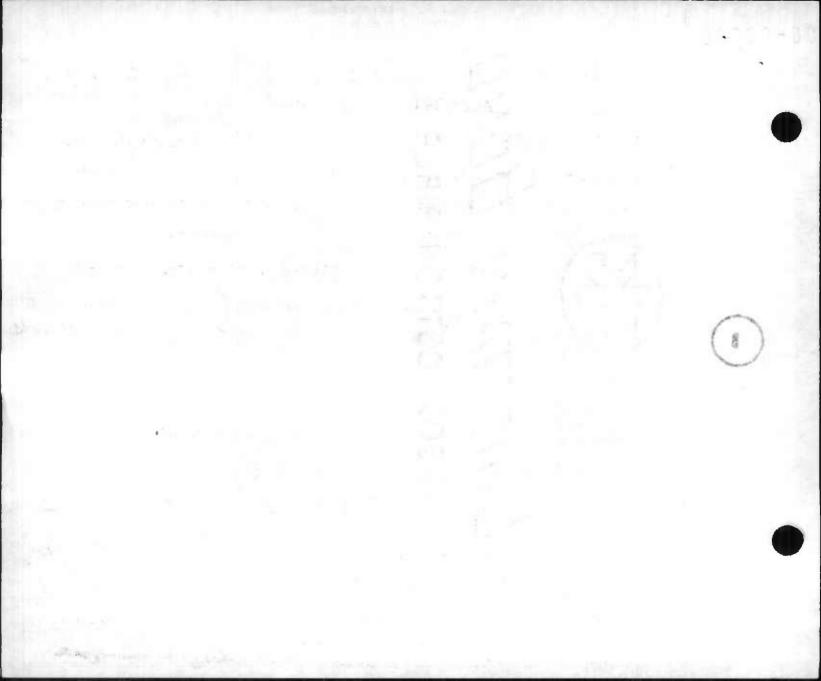
0-06273	- STATE REGISTRAR		CERTIFICATE OF DEATH	8 6 REG. NO.	14898
y be deoth	1. DECEASED NAME FIRST (TYPE OR PRINT) VIRGIE	W. JEFFE	R SON	5-3-86	DAY YEAR 26 HOUR 7 36
uge 4 moy	Female	white	5. DATE OF BIRTH MONTH -10-1888	6. AGE (IN YEARS LAST BIRTHDAY) 97 YRS.	IF UNDER 1 YEAR IF UNDER 24 HRS.
rol di 72 ho	10. BIRTHPLACE (STATE OR FOREIGN MACY I AND	76 CITIZEN OF WHAT COUNTRY?	MARRIED NEVER MARRIED WIDOWED DIVORCED		mery MD
the the transfer of the transf	GAIT her shury	11. NAME OF HOSPITAL, NURSIN (IF NOT IN SUCH FACILITY, GIVESTREET HEN MAN WILL SON OR OTHER INSTITUTION GIVE RESIDENCE BEFORE	GHOME OR OTHER INSTITUTION ADDRESS HA COME CENTE	120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING	LIFE) 126 KIND OF BUSINESS OR INDUSTRY SCLOO
n 24 hay felial in reality by	Maryland Mon	INTERPORTOR TOWN	sburgyes 2 No -	1	Md. 20879 n. Home Gaith
188	14. FATHER'S NAME William	3. William		MIDDIE	Hackett
on and D	160 WAS DECEASED EVER IN U.S. A (YES NO SHUNKNOWN) (IF YES, C			ADDESILE Vler 7209 Prin	cegeorge Rd.
physical physical movel.	PART I. DEATH WAS CAUS	only one couse per line for IoI, (b), one LED BY: ATE CAUSE (o)	e-0-19		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
	Conditions, if ony, which	DUE TO, OR AS A CONSEQUE		of parluer	x ears
U	gove rise to immediate CDUSE (0), stating the underlying couse lost	DUE TO, OR AS A CONSEQUE	nge of ferricking	Cone-ony	CIERO V CON
equires 1 is signed Then pile injury, or	ZO	CONDITIONS CONTRIBUTING TO L	DEATH BUT NOT RELATED TO THE TERM	MINAL DISEASE OR CONDITION G	IVEN IN PART 110
he low non. hos to tene pr	190 DATE OF OPERATION	196 CONDITION FOR WHICH	OPERATION WAS PERFORMED	IN CERT	ES, WERE FINDINGS USED FIFYING CAUSES OF DEATH? YES NO
g physici g physici entificate riol-trons tem 18 sh	270. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF D (IF EITHER NOTIFY MEDICAL EXAMIN		19 21c HOW INJURY OCCUR	RED (ENTER NATURE OF INJURY IN ITEM 18	3 PART I OR PART 2)
ottendin ter this case the burner of the bur	OR CONTRIBUTING CAUSE OF DE CONTRIBUTING CAUSE	21e. PLACE OF INJURY (AT HOME STREET, FACTORY OFFICE, F	ARM ETC.) 211 LOCATION STREET	CITY OR TOWN	COUNTY STATE
TOR: Afforms of Health	sow the deceased alive of	on 19 19 19 19 19 19 19 19 19 19 19 19 19	26, and that in (my) (auc) opinion	deoth occurred on the date and ha	our and from the couses stated
AL OR A the hos AL DIREC detoched of Dept.	726 SIGNATURE	~	DEGREE ATTENDING PHYSICIAN	MEDICAL STAFF DIRECTOR PHYSICIAN	1226 DATE SIGNED
TO HOSPITAL Letoined by the TO FUNERAL Lessional be deto with the Store I MPORTANE.		orprint)	270 ADDRESS (20 5)	Dornes for	ed 6.0.
BP Show M	230 BURIAL, CREMATION, REMOVA BULLIA	1 1 / 1/	AME OF CEMETERY OR CREMATORY	Fader Olsbury	Areline Md
DHMH - 16 60M 7/84 (VRA 15, 4)	24 FUNERAL DIRECTOR WINIAMSON F	Uneral Home For		FREC'D BY REGISTRAR 200 REGI	STRAR'S SIGNATURE

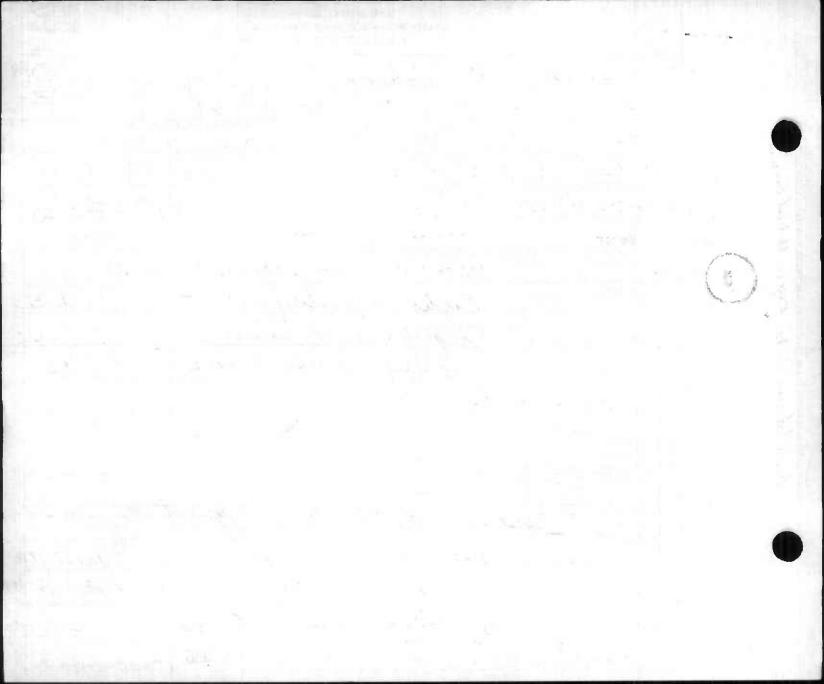


M FUNERAL DIRECTOR Robert A. Pumphrey Funeral Homes, P. A 250 DATE REC'D.

300 West Montgomery Ave. Rockville, Maryland

DHMH - 16 60M 7/84 (VRA 15, 4)





O HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death. Page 4 ma retained by the hospital or attending physician.

00	-09328		FOR STATE REGISTRAR CEASED NAME FIRST		DEPARTA	CERTIF	E OF MARYLAI EALTH AND M ICATE OF DE	ENTAL HYG	0	6 REG. N		A DAY	YEAR	0 2b. HOUR
	ay be 20ge 3 death		Agnes	Cat1		Jones				31, 19				15:25P.,
	may be poge er dea'	3. SEX		4 RACE		5. DATE O	F BIRTH			YEARS LAST B			ER TYEAR	IF UNDER 24 HRS
3	ge 4		Female	B1ack		Augus	st 18° 19	924^*	61		YRS	MONTHS	DAYS	HOURS MIN.
	neral dir	Vi	rgina	USA	WHAT COUNTRY?	WIDOWE		ORCED	Mo	ore city on the state of the st	ery	TY OF DE	ATH	MD
101	by the fu	Tá	ty or town of death a koma Park	Washing	HOSPITAL, NURSIN H FACILITY, GIVE STREET J ton Adve	ntist				LOCCUPATOR FOR MOST		erk (USTRY	nment
AND 212	filled in rould be		AL RESIDENCE (IF NURSING HOME OR STATE D. C. 131 COUN Shinyton	OTHER INSTITUTION ITY	GIVE RESIDENCE BEFORE	E ADMISSION) N	- Capital	NO 🗌	5740	address 3rd S	/ ZIP CO	.W. 2	2001	1999
MARYL	ecuted within d completely es I and 2 shical examine	Ja	mes Dabney Cat		LAST			RST Beatric		MIDDLE			LAS	r
TIMORE,	be execu		VAS DECEASED EVER IN U.S. AR. YES, NO OR UNKNOWN) (IF YES, GIV	MED FORCES? E WAR OR DATES)	578-32-6		John D.		5740	3rd				
ST., BAL	certificate ing physicic rban paper r removal. ic event, th		18 CAUSE OF DEATH (Enter on PART I, DEATH WAS CAUSE IMMEDIAT		hipa line	ti	fu	ber	1				APPROXI BETWEEN C	MATE INTERVAL DNSET AND DEATH
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 2120	that the death ce I by the attendin ease remove carb al, crematian, or in other traumatic		Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last	DUE TO, O	RAS A CONSEQUE	ENCE OF	the state of the s	Un	Vu	m				
RECORDS, 20	no. nos been signed permit. Then ple ne prior to burior ws ony injury, or	CERTIFICATION	PART 2. OTHER SIGNIFICANT OF	ONDITIONS CO	TRIBUTING TO	NO	uppl	201	700 AU	MA	20b. IF Y			AGS USED OF DEATH?
OF VITAL	CIAN: The	4	21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA	TH HOUR A	M. MONTH D	AY YEAR	SIL HOW INJ	URY OCCURR	RED (LINEAR	nature of the	UST ON ESTATE	100	PART 2)	140 []
NOISION	uG PHYSICIA ottending ph iter this certifi tos the buriol-th hand Mental inked or Item	MEDICAL	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK	21e PLACE	OF INJURY REET, FACTORY, OFFICE, I	FARM ETC)	211. LOCATION STREET	v 01		CITY OR T	OWN		DUNIY	STATE
	Spiral or CTOR: Afor use of Health		obay (b) (did (did no		deceased from 19 after death.			aur) opinion	, to death occur	red on the	dote and h			
	y the hay the hay the hay the hay the had blike detoched that Dept tate Dept		17h SIGNATORE	lum	land.		PI	TENDING HYSICIAN			ICIAN 🗌		6 I	166-
	toined b		Lewis Dennis	MD				Silver	Spri	ng, M				}
90	G GBP 9		BURIAL, CREMATION, REMOVAL (SPECIFY) Burial	June 4	1986 F	ort Li	incoln (Cemeter	y Bre					STATE
1	DHMH - 16 50M 4/83 (VRA 15, 4)	24. FU	uneral director McGui		ral Serv Washingto		.C.	25a. DAT	U b B	REGISTRA	R 25b. REG	ISTRAR'S	SIGNAT	URE

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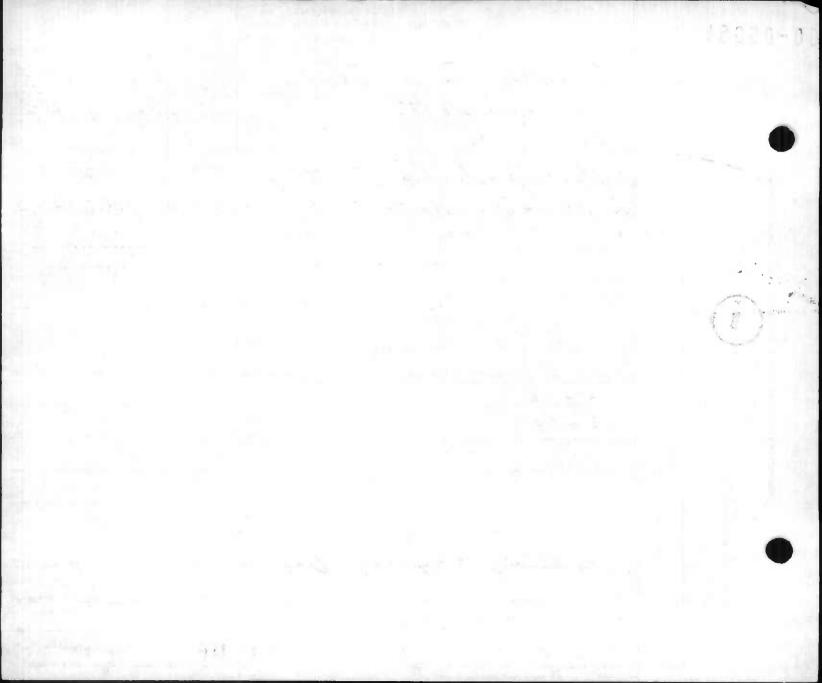
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MD, 21284

07/84

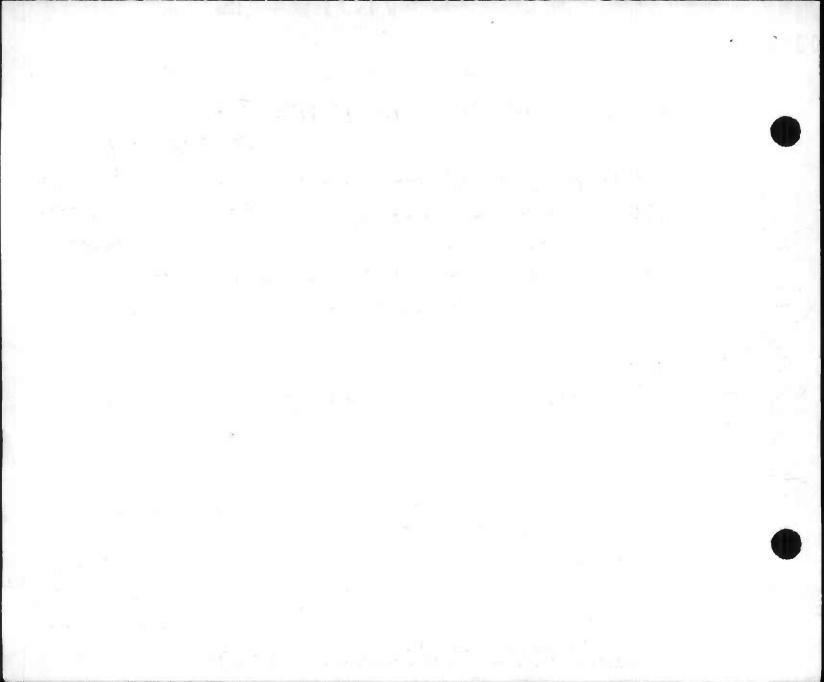
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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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0034		REGISTRAR		MED	DICAL EXAMI	NER'S	CERTIFICATE O	FDEATH	REG. NO.		-
		CEASED NAME	FIRST		WIDDLE	_	LAST	20 DATE KNO	OWN C MONTH	DAY YEAR	The HOUR
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多見当る に	D. SEX	4 RACE	5. DATE	OF BIRTH	YEAR 6. AGE (IN	YEARS THUN	DER 1 YR. IF UNDER	24 HRS. 20 DATE	MONH	DAY YES	Algue
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SERVE SERVE		RTHPLACE (STATE OR DREIGN COUNTRY)			AT COUNTRY?	8. MARR	IED NEVER MARRI	ED 9 BALTIMORI	ECITY OR COUNT	Y OF DEATH	/
75 S 7	10.6	WASH. D.C.		S.A.		WIDOW			TONT	1	MD
× 10 00 11	10 C	TY OR TOWN OF DEAT	HINA	ME OF HOSP OT IN SUCH FAC	TITAL, NURSING HOM	AE, OR OTH	IER INSTITUTION	17a USUAL OCCUPATI FOR MOST OF WORKING		OR INDUS	
AD BOY	unt	L RI SIDENCE DE IN HUI	A CA	1251	1 Kldi	ient	170 M	BAKERY		SAFEW	JAY
*9EEO	De S		D COUNTY	> GIVI	13c. CITY OR TOWN	4,	13d. INSIDE CITY LIMITS?	13e STREET ADDRESS		207	83
Z Z Z Z Z Z	-	Vide K	When!	cova	5HY2th	PVALE	YES NO	7333 N.	4mpo	SIVE AS	15/hol
E-201/4	11111	THER'S NAME	MIDDLE	/	LAST		15 MOTHER'S MAIDE	WIDDI		LAST	502
888	-	HOWARD VAS DECEASED EVER IN	LUS ADMED FOR		INES	ITV NIO	BLANCH 17. INFORMANT			ARK	***
SE S	(Y		IF YES, GIVE WAR OR DA						DDRES YATT		· MD.
AREAS					577-50-	3/5/	RUIH E. J	ONES 7333 N	IEW HANPS		
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NO SEE NO		gove rise to in couse (o) stating t		(b)	AS A CONSEQUENCE	- OF					
BANKAN		lying couse lost.		(a)		. 01				1000	
ANN		PART 2 DTHER SIGNIFICANT	ONDITIONS CONTRIBUTE	ING TO DEATH BE	UT NOT RELATED TO THE TEI	RMINAL DISEAS	E OR CONDITION GIVEN IN PAR	T 1 : a		1	
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Ser Mary	CERTIFICATION	190. DATE OF OPERAT		9b. CONDITI	ON FOR WHICH OPE	RATIONW	'AS PERFORMED?			20 AUTOPSY	r?
\$850g	TIFK	100	one							YES 🗆	NO DO
AEN REN	GE	210 EXTERNAL CAUSE		HOUR AM	MONTH DAY YEA	21c HC	OW INJURY OCCURRED	ENTER NATURE OF INJURY I	N ITEM 18 PART 1 OR PAR		
SHOOPES	CAL	UNDERLYING OF	'	P.M.	19	310					
DEP 35	MEDICAL	ZId INJURY OCCURRE		THE PLACE O	FINJURY (ATHOME,		CATION	CITY OR TOWN	coul	AITV	STATE
HIS WER	*	AT WORK AT WO			, , , , , , , , , , , , , , , , , , , ,			CITORIONA	COO	411	STATE
ATE. T		22a I certify that I to	ook charge of the r	remoins desci	ribed obove, held on	Autop	sy , Inspection	Inquiry [ond in my opi	nion	
ME STATE		death resulted from	Notural causes		Accident S	ovicide	Homicide .	Undetermined monne			
EXA CERT WITH WAR	10		7	121			TITLE (SPECIFY)				
ZHE SHE		ACTUAL SIGNATURE	5,0	11	1000	1 M	D. 1560,	MEDICAL EXAMINE	R DATE	12×11	21981
MOS MOS		EXAMINER'S NAME			1						
DECLU PAGE TO FU	1	(TYPE OR PRINT)					ADDRESS			L	
FUCEAR	290.B	URIAL, CREMATION, REA			23c. NAME OF CI			23d LOCATION CITY OR TOWN	COUNT	TY 5	STATE
BP	24 51	BURIAL UNERAL DIRECTOR	5-2	0-86	LANGROP	YY MEN	1. PK.	LANDOVER			
DHMH 17	29. FI		NC FINED	ADDRESS	IE 7474 LAI	יי ויוט.	25a. DATÉ R	4 4000 /	Sh REGISTRAR'S SH	700-1-00	20 .
(VR A15 ME (5))	-	O.D. JENKI	NO FUNER	חנוי	L (4(4 LA	ADOVE	ואוצו עא י	15 800 4	was Devident	- 1	



STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE STATE CERTIFICATE OF DEATH REGISTRAR REG. NO DECEASED NAME 2a. DATE OF DEATH 26 HOUR CIVPE OR FRINTS JAMES ONES 4 RACE 5 DATE OF BIRTH 6 AGE (IN YEARS LAST BIRTHDAY) IF UNDER I YEAR IF LINDER 24 HRS 903 10. BIRTHPLACE (STATE OR FOREIGN 76 CITIZEN OF WHAT COUNTRY? BALTIMORE CITY OR COUNTY OF DEATH MARRIED (NEVER MARRIED Texas USA WIDOWED NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 17h KIND OF BUSINESS OR INDUSTRY Militaru USUAL RESIDENCE (IF NURSING HOME OR OF REINSTITUTION, GIVE RE 130, STATE IDENCE BEFORE ADMISSION 20901 Montgomery 14 FATHER'S NAME 15 MOTHER'S MAIDEN NAME EIRST ALIDDI F LAST MIDDLE Jessie Jones Mildred Lane Unknown ADDRESS 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO 17 INFORMANT YES, NO OR UNKNOWN (IF YES, GIVE WAR OR DATES) 577-48-7971 Laura D. Jones Wife Same Yes APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE IO DUE TO, OR AS A CONSEQUÊNCE OF Conditions, if any, which gave rise to immediate cause (a), stating DUE TO, OR AS A CONSEQUENCE OF underlying cause NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 CERTIFICATION 19a. DATE OF OPERATION CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY IN CERTIFYING CAUSES OF DEATH? YES 📉 210 ACCIDENT WAS UNDERLYING 216. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH P.M (IF EITHER NOTIEY MEDICAL EXAMINER) 21d INJURY OCCURRED 21e PLACE OF INJURY 211. LOCATION COUNT STATE CITY OR TOWN (AT HOME STREET, FACTORY OFFICE, FARM ETC.) NOT WHILE 22a I certify that (I) (this hospital) attended the deceased from TO FUNERAL DIRECTOR should be detached for u with the State Dept of H IMPORTANT: If Nem 21 is saw the deceased alive on above, (I) (we) (did) (did not) view the bady after death. DEGREE 22c. DATE/SIGNED MEDICAL STAFF ATTENDING PHYSICIAN DIRECTOR PHYSICIAN 774 PHYSICIAN'S NAME LTYPE OF PR 22e ADDRESS 23a. BURIAL, CREMATION, REMOVAL 23c NAME OF CEMETERY OR CREMATORY Arlington Nat'l. Cemetery Arlington, May 22,1986 24 FUNERAL DIRECTOR Francis J. Collinsones Jr. DHMH - 16 50M 4/83 (VRA 15, 4) 500 University Blvd. West Silver Spring, Md.



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DEPARTMEN	T	OF	HE

OF MARYLAND ALTH AND MENTAL DVCIENCES

	1 - STATE REGISTRAR	DEFARI		ICATE OF DEATH	REG. N).	7 0	
	1. DECEASED NAME FIRST	MIDDLE		LAST		MONTH DAY	YEAR 2b H	HOUR
	KATHERINE	FRANCES		JONES	MAY 25, 19	986	4:	15p M
	3. SEX	4 RACE	5. DATE C		6 AGE (IN YEARS LAST BIR	THDAY) IF UNDE	RIYEAR IF UN	NDER 24 HRS
	FEMALE	WHITE	JULY		45	YRS		
1	70. BIRTHPLACE (STATE OR FOREIGN WASHINGTON, D.C.	7b. CITIZEN OF WHAT COUNTRY? ${f USA}$	8. MARRIE WIDOWE	D NEVER MARRIED DIVORCED	9 BALTIMORE CITY O MONTGOMER		ATH	MD
/	BETHESDA	11. NAME OF HOSPITAL, NURSIN (IF NOT IN SUCH FACILITY, GIVE STREET NIH, THE CLIN)	ADDRESS)	OR OTHER INSTITUTION CENTER	12a USUAL OCCUPATI (TYPE OF WORK FOR MOST O HOUSEWIFE	F WORKING LIFE) IND	KIND OF BUS BUSTRY OWN HOL	
3	USUAL RESIDENCE (IF NURSING HOME OR OF 130. STATE IN FAIR) VIRGINIA FAIR	TY 13t. CITY OR TOV	VN	13d. Inside city limits? Yes \(\text{NO \(\mathbb{X} \)	13e STREET ADDRESS A		#10	22003
1	FRANK JOSEPH LOMEI	AIDDLE LAST		15 MOTHER'S MAIDEN NAME FIRST VIRGINIA	MIDDIE	COBERI	LAST LEY	
7	160 WAS DECEASED EVER IN U.S. ARA	MED FORCES? 16b SOCIAL SECT	URITY NO.	17 INFORMANT	ADDRE	SS	75-	
5	NO	220-38-	4055	MR. JOHN K.	JONES HUSBA	ND (SAME	AS PA	TIENT)
	PART I. DEATH WAS CAUSED	y ane cause per line for (a), (b), ar) BY: E CAUSE (a) CARDIOPU		RY ARREST		8	APPROXIMATE I	NTERVAL AND DEATH
	Conditions, if any, which	DUE TO, OR AS A CONSEQUE (b) SEVERE PU	LMONAL	RY CONGESTION	WITH DENSE	FIBROUS		
	couse (a), stating the underlying cause last	DUE TOPLEURALNSAN	HICE OF	CARDIAL ADRES	STONS.		YEARS	
		onditions <u>contributing to</u>	DEATH BUT	NOT RELATED TO THE TERM	INAL DISEASE OR CON	DITION GIVEN IN I	PART No	
7	190. DATE OF OPERATION 210. ACCIDENT WAS UNDERLYING	196 CONDITION FOR WHICH	OPERATIO	N WAS PERFORMED	200 AUTOPSY?	20b. IF YES, WERE IN CERTIFYING O	AUSES OF D	
1		21b. TIME OF INJURY HOUR A.M. MONTH D	AY YEAR	21c HOW INJURY OCCURE	RED (ENTER NATURE OF INJUI	RY IN ITEM 18 PART I OR	PART 2)	
	OR CONTRIBUTING CAUSE OF DEAT (IF EITHER, NOTIFY MEDICAL EXAMINER) 21d. INJURY OCCURRED WHILE NOT WHILE	21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE		21f. LOCATION STREET	CITY OR TO	wn co	UNIY	STATE

220.1 certify that (1) (this haspital) attended the deceased from sow the deceased alive on MAY 25 above, (K(we) (did) (KKK) view the body after death

DEGREE

JULY

86

MEDICAL STAFF

84

MAY

and that in 🗱 (aur) opinion death accurred on the date and hour and from the causes stated

220 DATE SIGNED

that X (we) last

Read Address NATIONAL INSTITUTES OF CLINICAL CENTER, BETHESDA, MD. HEALTH

230 BURIAL, CREMATION,
(SPECIFY)
BURIAL

23b. DATE **MAY 29** 23c. NAME OF CEMETERY OR CREMATORY NATIONAL MEMORIAL

23d LOCATION CITY OR TOWN FALLS VIRGINIA

19 86

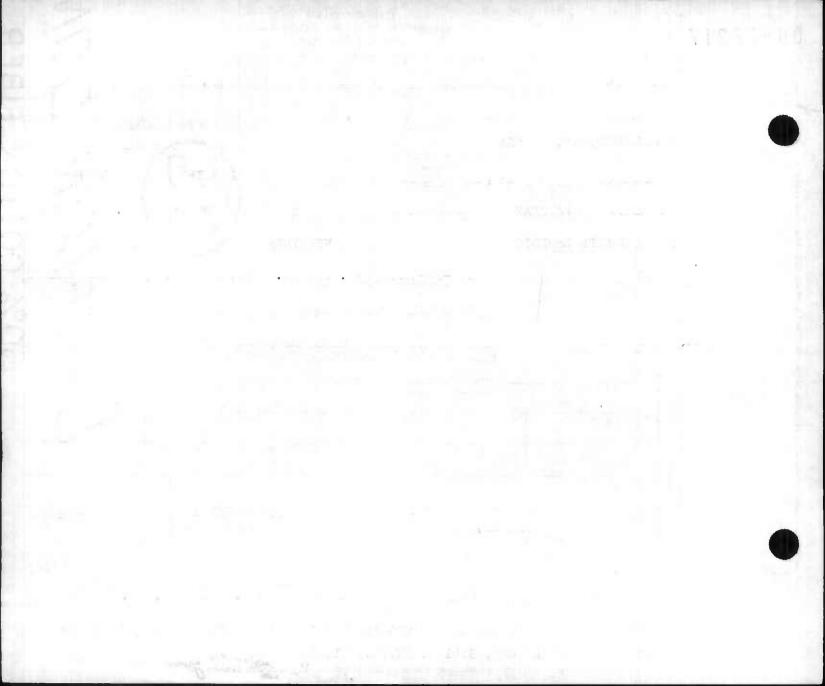
24 FUNERAL DIRECTOR

FOR

86 ARLINGTON FUNERAL HOME, 3901 FX.DR., ARL., V

(VRA 15, 4)

DHMH - 16 60M 7/84



12b. KIND OF BUSINESS OR homemaker 199 Rollins Ave. #228 20852 Kakotilimeni 20851 John P. Stathes 1304 Crawford Dr. Rockville, Md 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NO F 216 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) COUNTY , and that in (my) (cor) opinion death occurred on the date and hour and fram the causes stated 22c. DATE SIGNED 20902 10313 Georgia Ave., #107, SilverSpring, MD 230. BURIAL, CREMATION, REMOVAL 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY Burial 5/15/86 Glenwood Cemetery Washington, D.C. 250. DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE ²⁴ FUNERAL DIRECTYSON Wheeler Funeral Home, I nc. 1331 Rockville Pike, Rockville, Md. 20852

STATE OF MARYLAND

2h HOUR

9:00

DHMH - 16 50M 4/82 (VRA 15, 4)

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	N OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21	
	Z	

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE FOR - STATE CERTIFICATE OF DEATH REGISTRAR DECEASED NAME MIDDLE 20 DATE OF DEATH MONTH 2b HOUR (TYPE OR PRINT) page Martha Kauffman IF UNDER I YEAR 3. SEX 4 RACE 5. DATE OF BIRTH MONTH FEMALE WHITE 1899 87 APR. direct 9 BALTIMORE CITY OR COUNTY OF DEATH TO BIRTHPLACE (STATE OF FOREIGN 76 CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED MONTGOMERY CO. U.S.A. DIVORCED X WIDOWED PENNA M CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 12g USUAL OCCUPATION 12b. KIND OF BUSINESS OR (TYPE OF WORK FOR MOST OF WORKING LIFE) (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) INDUSTRY STENOGRAPHER UNKNOWN NATIONAL LUTHERAN HOME ROCKVILLE USUAL RESIDENCE (IF NUR! ING HOME OR OTHER INSTITUTION 13e STREET ADDRESS / ZIP CODE 13c CITY OR TOWN 13d INSIDE CITY LIMITS? 4404- 4th ST., NORTH ARLINGTON VIRGINIA YES X NO [ARLINGTON 14 FATHER'S NAME 15 MOTHER'S MAIDEN NAME FIRST LAST DUEHRING ROSIE SCHULTZ ALEXANDER ADDRESS 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 186 SOCIAL SECURITY NO 17 INFORMANT (YES NO OR UNKNOWN) (IF YES GIVE WAR OR DATES) 578-32-0494 REV.DR.RICHARD REICHARD-NLH-ROCKVILLE NO 18 CAUSE OF DEATH (Enter only one couse per PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gove rise to immediate couse (o), stoting the DUE TO, OR AS A CONSEQUENCE OF underlying couse lost. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 CERTIFICATION 78h IF YES, WERE FINDINGS USED 140 DATE OF OPERATION 1% CONDITION FOR WHICH OPERATION WAS PERFORMED 20e AUTOPSYT à IN CERTIFYING CAUSES OF DEATH? NOIXX The ACCIDENT WAS INDERLING [1] THE TIME OF INJURY ZECHOW INJURY OCCURRED. (ANTER NATURE OF PARIET IN CHARGE IN FART I CREATED HOUR A.M. MONTH OR CONTRIBUTING CHUSE OF DEATH MEDICAL I PERHER NOTEY MEDICAL EXAMINER. 214. INJURY OCCURRED Ne PLACE OF INJURY 711 LOCATION 0 **CDJish** LABOR. CITY OF FOWN AT HOW. SHEET, FACTORY, OFFICE FARM, ETC.) STREET WHAT D HOLINGE D FENDING This certify that (I) (this harpital) afterded the deceased from saw the deceased alive on bove. (It (was alive) (did not) wew the d that in Iny) (and opinion death occurred of the date and have and from the causes stated 776 SIGNATURE TH. DATE SIGNED ATTENDING PHYSICIAN! DIRECTOR T PHYSICIAN MPORTANT 22d. PHYSICIAN'S NAME (TYPE OR PRINT) 22e ADDRESS P 23c. NAME OF CEMETERY OR CREMATORY 23a BURIAL, CREMATION, REMOVAL 23b. DATE (SPECIFY) CITY OF TOWN BRENTWOOD, MARYLAND

FT.LINCOLN CEM.

WASH., DON

250. DATE REC'D. BY REGISTRAR 25h. REGISTRAR'S SIGNATURE

28/1986

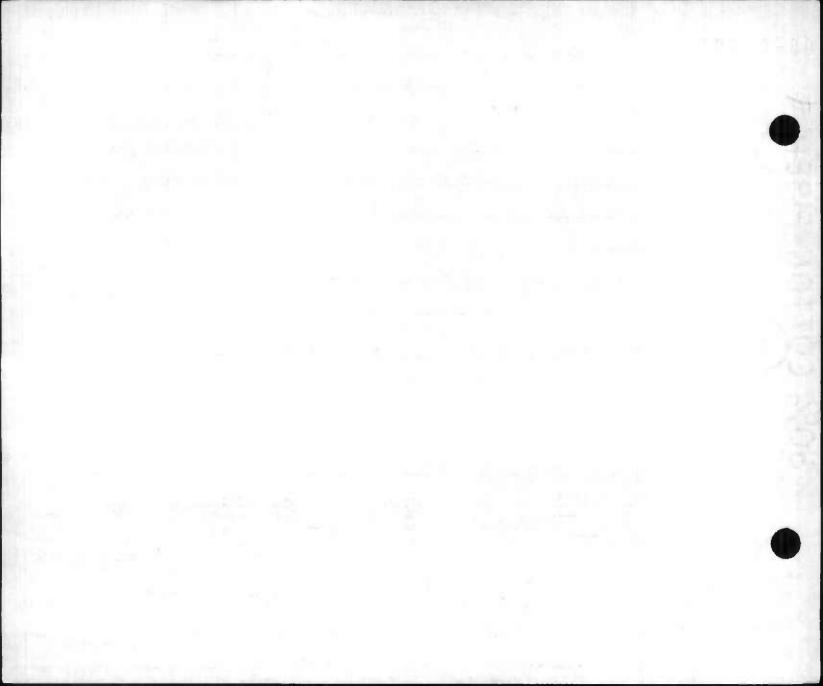
HYSONG CO., INC.-1300 N ST., NW

BURTAL

24 FUNERAL DIRECTOR

DHMH - 16 60M 7/84

(VRA 15, 4)



DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201

FOR STATE

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

8	6 REG. NO.	1	4	9	0	1
	REG. NO.					

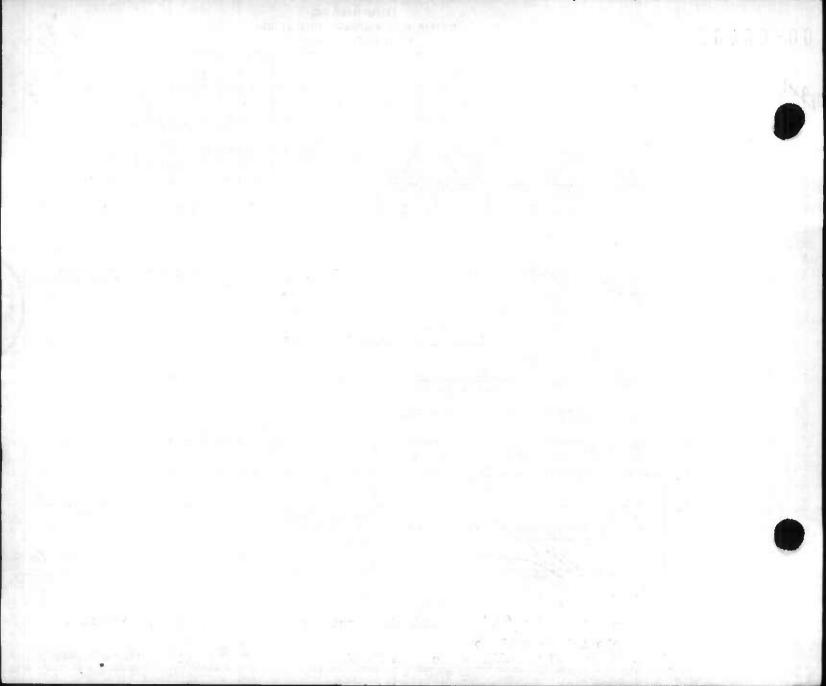
)		REGISTRAR				CERTIF	ICATE OF DEATH	REG.	NO.		
			FIRST	٨	AIDDLE	l	AST	20 DATE OF DEATH		DAY YEAR	2b. HOUR
	(TYPE	OR PRINT)	JOHN	PATRIC	K KEEGAN			MAY 7 19	986		4:16 P
	3. SE)	Х		. RACE		5. DATE C		6 AGE (IN YEARS LAST	BIRTHDAY)	IF UNDER TYEAR	IF UNDER 24 HRS
	100	MALE		CAUCAS	IAN	JÜL	12 1915 YEAR	70	YRS.	MONTHS DAYS	HOURS MIN.
		RTHPLACE (STATE OR FOR		b. CITIZEN OF	WHAT COUNTRY?	8.	D NEVER MARRIED	9 BALTIMORE CITY		Y OF DEATH	
	M	ÍASSACHUSETT	S	UNITED	STATES	WIDOWE		MONTGO	DMERY		MD.
1		THESDA	1	(IF NOT IN SUCI	OSPITAL, NURSIN H FACILITY, GIVE STREET, NAVAL HOS	ADDRESS)	OR OTHER INSTITUTION	12a USUAŁ OCCUPA (TYPE OF WORK FOR MOS RETIRI	TOF WORKING L	IFE) INDUSTRY	NAVY
6	13a. S		COUN	Y	GIVE RESIDENCE BEFORE 13c. CITY OR TOW REHOBOTH	N	Hres XX NO 🗆	13e.STREET ADDRESS			79999
	14. FA	ATHER'S NAME FIRST JOHN		IAM KEE	GAN		IS. MOTHER'S MAIDEN NAME FIRST CATH	ME MIDDLE CEC	ILA MA	GNER	57
2	()	VAS DECEASED EVER IN	IF YES GIVE	WAR OR DATES!	16h SOCIAL SECU	RITY NO.	17 INFORMANT	ADD	RESS		
>		YES	1940	-1967	114-09-5	5159	KEVIN P.KEEG CHURCH, V		EACHWA		FALLS
	NO		the last	(b) DUE TO, OF	R AS A CONSEQUE	CESTIN	NAT. HEMORRHAGE		NDITION GI	VEN IN PART 111	0
	CERTIFICATION	190 DATE OF OPERATIO	N	19b. CONDI	TION FOR WHICH	OPERATIO	N WAS PERFORMED	200 AUTOPSY?	IN CERTI	S, WERE FINDIN	
	MEDICAL CER	21a. ACCIDENT WAS UNDER. OR CONTRIBUTING CAU (IF EITHER NOTIFY MEDICAL 21d. INJURY OCCURRED	ISE OF DEAT	21b. TIME O HOUR A./ P./ 21e PLACE (m. Month da m.	AY YEAR 19	21c. HOW INJURY OCCURR	ED (ENTER NATURE OF IN	IJURY IN ITEM 18	PART 1 OR PART 2)	
	ME	WHILE NOT WHILE			EET, FACTORY, OFFICE, F		STREET	CITY OR	TOWN	COUNTY	STATE
		22a. I certify that (I) (the saw the deceased above, (I) (Ve) (did 22b. SIGNATULE			-		DEGREE ATTENDING	MEDICAL ST	AFF		
7		22d, PHI SICIAN'S NAM	E (TWE O	Z.			-	DIRECTOR PHYS		VEDTO	77 6 6
				, LT, M	C, USN		NATIONAL CAPI	HOSPITAL,			
		BURIAL, CREMATION, RE (SPECIFY) Burial	MOVAL	05/12/	/86 Fa		emetery or crematory w Cemetery	West Har	tford,	Connec	ticut

9999099 - 16 60M 7/84 (VRA 15, 4)

14 FUNERAL DEFONIAL Funeral Home ADDRESS 6161 Leesburg Pike Falls Church, VA 22044

4

250 DAJE REC'D BY REGISTRANIAN REGISTRANS SIGNATURE



S NECESSARY, PLEASE E FUNURAL DIRECTOR E 5 FOR YOUR FILES OWNTHIN YZ HOURS WITHIN YZ HOURS	1 5E)	(4. RACE IRTHPLACE (UNAIN OR MRESA COUNTRY) Washington, D	5. DATE OF BIRT MONTH DATE Aug • 13 76. CITIZEN OF 11 11. NAME OF H	YEAR JAST BIRTHDAY) MONT 1953, 32 YRS. WHAT COUNTRY? 8 MARR WIDOV OSPITAL, NURSING HOME, OR OTH	RIED NEVER MARRIED X WED DIVORCED HER INSTITUTION 120 US	SUAL OCCUPATION (MANTE SAN TORCOUNTY OF ON TORCOUNTY OF	YEAR YEAR YEAR 19 ST YEAR NO OF BUSINESS NOUSTRY
EE, MD. 21201 GATH. IF ANY BELAY ES 1, 2, AND 31 POTE PM 3 REFAIL NO 25 FILL PMITAL RECORDS, 20	ila S	ATHER'S NAME FIRST David	6 160	GERESIDENCE BEFORE ADMISSION) 13c. CITY OR TOWN College Park LAST Kefauver	Tosp	RAMST OF WORKING LIFE) Driver REET ADDRESS 14 Albion ME MIDDLE	Road/2074	ivery Se
ON ST., BALTIMO THEM IS THE PACE		No 18 CAUSE OF DEATH (E PART I DEATH WAS C	res, give war or Dates) inter only one cause per li CAUSED BY: MEDIATE CAUSE (a)	ine for (a), (b), and (c).) OR AS A CONSEQUENCE OF	Margaret B.	Kefauver,	Same adda	PPROXIMATE INTERVAL VEEN ONSET AND DEA
\$ \$ \$ \$ \$ \$ \$ \$ \$		Canditians, if any,		on As A consequence			100	
RECORDS, 201 W, PREST TENDING" IN PENCIL I PENDING" IN PENCIL I PENDING" IN PENCIL I PENDING" IN PENCIL I PENTING A SA BURRAL TRANIT FEATH AND MENTAL H I, CREMATION, OR REMC.	ATION	gave rise to imm cause (o) stating the lying couse last.	which pediote (b) DUE TO, (c) (c) HOITIONS CONTRIBUTING 10 DEA	OR AS A CONSEQUENCE OF TN BUT NOT RELATED TO THE TERMINAL DISEAS DITION FOR WHICH OPERATION W		76/	70.	AUTOPSY?
DEVISION OF VITAL RECORDS, 201 W. PREST SCRETE: SHOULD BE EXECUTED WITHIN RITING THE WORD "PENDING" IN PENDING REDED TO THE CHIEF MEDICAL EXAMINEP A RESPONDED BE USED AS A BURIAL. "PRANT E DEPARTMENT OF HEALTH AND MENTAL OF PRICES TO BURIAL. CREMATION. OR REMO	MEDICAL CERTIFICATION	gave rise to imm couse (a) stating the lying couse last. PART 2 OTHER SIGNIFICANT CON 19a. DATE OF OPERATIO 21a. EXTERNAL CAUSE W. UNDERLYING ON CONTRIBUTING CAU. 21d INJURY OCCURRED	which nediote under DUE TO, Co HOITIONS CONTRIBUTING 10 DEA N 196 CON VAS 216. TIME HOUR A SE OF DEATH 21e PLACE	DR AS A CONSEQUENCE OF TH BUT NOT RELATED TO THE TERMINAL DISEASE DITION FOR WHICH OPERATION VIOLENTIAL PROPERTY OF THE PROP		R MATURE OF INJURY IN ITEM A/c 6 h 0 CIPAGR TOWN		AUTOPSY? YES NO S
		gave rise to imm couse (a) stating the lying couse last. PART 2 OTHER SIGNIFICANT CON 19a. DATE OF OPERATIO 21a. EXTERNAL CAUSE W UNDERLYING OR CONTRIBUTING CAU: 21d INJURY OCCURRED WHILE NOT WHILE AT WORK	which nediote under DUE TO, (c)	OR AS A CONSEQUENCE OF IN BUT NOT RELATED TO THE TERMINAL DISEAS DITION FOR WHICH OPERATION W OF INJURY L.M. MONTH DAY YEAR 19 E OF INJURY (ATHOME. 216 CC)	OW INJURY OCCURRED (ENTER CATION STREET OSY Inspection Onder TITLE (SPECIFY)	RNATURE OF INJURY IN ITEM CITY OF TOWN Inquiry Inquiry Oten manner DICAL EXAMINER	COUNTY ond in my opinion	

desan. Mainting on, 20 Bell Trans . Teluver, last eddress as tll

7/15/86 Pt. Company to employ 36/3/74

ensenn dawier's ons, no. 1150 lic**consin Ave, W., Lebinnion, D.C.** 20016

John E. Postare

remation dewier's ons, ic.

05813	1.	FOR STATE REGISTRAR	DEPART	MENT OF	E OF MARYLAND IEALTH AND MENTAL HYG ICATE OF DEATH	IENE 8 6 1	4909
oge 4 moy be record poor 3 uns after definit	17100 3, 54	Female	4 RACE White	Ket S. DATE O MONT OG	DAY YEAR	May 2, 6 AGE (IN YEARS LAST BINTHDAY) 77 YRS	1986 7 25 M
ofter death. P	,	RTHPLACE (STATE OR FOREIGN COUVINGINIA ITY OR TOWN OF DEATH	7b. CITIZEN OF WHAT COUNTRY' USA 11. NAME OF HOSPITAL, NURSI (IF NOT IN SUCH FACILITY, GIVE STREE	WIDOW	The same of the sa	9 BALTIMORE CITY OR COUNTY Montgomery 128 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIF	MD. 12b KIND OF BUSINESS OR INDUSTRY
thin 24 hours ely filled	13a.	AL RESIDENCE (IF NURSING HOME OF	ont. Silver		13d. INSIDE CITY LIMITS? YES XX NO [] 15. MOTHER'S MAIDEN NAM		Blud West
e executed with nond completed Poges 1 and 2	16a \	FIRST (Unobtainab WAS DECEASED EVER IN U.S. AF YES, NOON ADWN (IF YES, N	, , , , , , , , , , , , , , , , , , , ,		(Unol		Allentown Rd. Springs, Md.2076
th certificate b nding physicio corbanpapers. , ar removal.		PART I. DEATH WAS CAUSE	nly one couse per line for (0), (b), of BY: TE CAUSE (0) CONSEQUENT DUE TO, OR AS A CONSEQUENT	tor	y and res	piratory fo	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH PILLING I ACY
that the deored by the other lease remove iol, cremation or other froum		Conditions, if ony, which gove rise to immediate couse tot, stating the underlying couse lost	(c) Alute	JENCE OF	sholp by	leukeusis	3 mounts
ne low requires on. hos been signe permit. Then p	CERTIFICATION	PART 2. OTHER SIGNIFICAND ATTORIOS CLA 190 DATE OF OPERATION	CONDITIONS CONTRIBUTING TO A STICE HOLD THE CONDITION FOR WHICH	dis	NOT RELATED TO THE TERM ON WAS PERFORMED	PLQ+VC 200 AUTOPSY? L206. IF YES	YING CAUSES OF DEATH?
PHYSICIAN: The anding physicic this certificate e buriol-tronsit d Mental Hygin	MEDICAL CER	210. ACCIDENT WAS UNDERLYING ON CONTRIBUTING CAUSE OF DE LIFETIMER NOTIFY MEDICAL EXAMINE CAUSE OF DE LIMITED		19	21t. HOW INJURY OCCURE 211 LOCATION STREET	RED (ENTER NATURE OF INJURY IN ITEM 18 P	ART I OR PART ?) COUNTY STATE
ATTENDING F spirol or other CTOR: After I for use os th of Health on	2	sow the deceased alive or	ital) attended the deceased from	0/		, to death occurred on the date and hou	
d by the hose of by the hose of the hose of the desired to be detected to be detected to be of the best of the bes		226. SIGNATURE 22d. PHYSICIAN'S NAME TYPE	DR PRINT))	DEGREE ATTENDING PHYSICIAN 27e ADDRESS	MEDICAL STAFF DIRECTOR PHYSICIAN	5/3/PG

DHMH - 16 60M 7/84 (VRA 15, 4)

Hines Krinaldi Funeral Home

230 BURIAL, CREMATION, REMOVAL (SPECIE) Cremation

11800 N.H. Ave. SITVer Spring, Md.

May 4, 1986 Lee's Crematory Washington DC

250 DATE REC'D. BY REGISTRAR 256, REGISTRAR 266

1986

Comment with the mother for following the Her E myse glass Leaders . I ment alternation is the season and some for any The Total All the Roll with a set of the All the All

10 HOSFILAL OR ATTENDING PHYSICIAN. The low requires that the death certificate be executed within 24 hours ofter death.

0-06195

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

8	6	1	4	9	1	(
	REG. NO.				7	

	REGISTRAR	****	MIDDLE	1467		REG. N		. uran In	
	DECEASED NAME TYPE OR PRINT)	Laqaued		Kic	dd	26 DATE OF DEATH	5/5/	86	8 A
3.	temak	4 RAC	lack	5. DATE OF B	5 / 86	6. AGE (IN YEARS LAST BIF	YRS.		FUNDER 24 HR
0 /	BIRTHPLACE (STATE O	R FOREIGN 76 CIT	IZEN OF WHAT COUNTRY	MARRIED	NEVER MARRIED	9 BALTIMORE CITY C			
8	CITY OR TOWN OF D		AME OF HOSPITAL, NURS	FT ADDRESS)	DIMORCED DITHER INSTITUTION	120 USUAL OCCUPAT (TYPE OF WORK FOR MOST (26 KIND OF I	BUSINESS O
10	SUAL RESIDENCE HE NU BO STATE Mary land FATHER'S NAME	13b COUNTY	ASTITUTION GIVE RESIDENCE BEFORE 13c CITY OR TO	Spring x	INSIDE CITY LIMITS?	130 STREET ADDRESS		5+/	209
50		nnie	Brown	15.	Yvette	WIDDIE		Kido	ال
160	WAS DECEASED EVE (YES NO OR UNKNOWN)	R IN U.S. ARMED FO			NEORMANT Vette Kidd 6	05 Cannon R		er Spri	209 ng, Mc
roomonio	Conditions, if an		UE TO, OR AS A CONSEQ.	E IMM	IATURITY	(21 weeks	fetus)		
lury, or other troumond	gove rise to in couse (o), storunderlying cou	ny, which mmediate thing the se lost	UE TO, OR AS A CONSEQ (b) SEVER O JE TO, OR AS A CONSEQ (c)	DUENCE OF				N PART 110	
TIEICATION	gove rise to in couse (o), storunderlying cou	by, which mmediate thing the se last	JE TO, OR AS A CONSEQ	DUENCE OF	OT RELATED TO THE TERM			ERE FINDING	
Cal CETIEIC ATION	gove rise to incouse 101, storunderlying counderlying counderlying counderlying counters in the store of the	DI Ty, which mmediate thing the se last GNIFICANT CONDITION ATION 19 TODERLYING 21 CAUSE OF DEATH	JE TO, OR AS A CONSEQ (c)	DUENCE OF DEATH BUT NO TH OPERATION V	OT RELATED TO THE TERM	INAL DISEASE OR CON 200 AUTOPSY? YES NO	20b. IF YES, WI IN CERTIFYING YES	ERE FINDING G CAUSES O	F DEATH?
MEDICAL CEPTERCATION	gove rise to incouse 101, storunderlying counderlying counderlying counderlying Counderlying DATE OF OPER 21a, ACCIOENT WAS UNDER CONTRIBUTING CIFETTHER, NOTIFY ME 21d. INJURY OCCU	DI Iny, which mmediate ting the se lost GNIFICANT CONDI ATION INDERLYING CAUSE OF DEATH DICALEXAMINER) IRRED 21	JE TO, OR AS A CONSEQUENCE OF THE CONTRIBUTING TO BE CONDITION FOR WHICH ALL OF THE CONTRIBUTION FOR WHICH A	DEATH BUT NOT THE OPERATION V	OT RELATED TO THE TERM VAS PERFORMED	INAL DISEASE OR CON 200 AUTOPSY? YES NO	200. IF YES, WI IN CERTIFYING YES	ERE FINDING G CAUSES O	F DEATH?
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	GOVE rise to incouse 101, storunderlying counderlying counderlying counderlying Counderlying Countribution Corrections of Contribution Corrections Countribution Countribu	In the second of	JE TO, OR AS A CONSEQUED. (c)	DAY YEAR 19 E FARM ETC.) DECOMPTED DECOMP	OT RELATED TO THE TERM VAS PERFORMED It. HOW INJURY OCCUR! If LOCATION STREET 19 86 ATTENDING PHYSICIAN [IN AL DISEASE OR CON 200 AUTOPSY? YES NO RED (ENTER NATURE OF INJUITY OR TO	200. IF YES, WINCERTIFYING YES	ERE FINDING G CAUSES O] OR PART 2)	STATE of (h (we) louses stoted
MEDICAL	gove rise to in couse io), sto' underlying could underlying country was underlying country occur. In work at wo	INDERLYING DICALERAMINER) CAUSE OF DEATH DICALERAMINER) IRRED (A) WHILE CORK	JE TO. OR AS A CONSEQUENCE OF THE METERS OF INJURY HOME STREET, FACTORY OFFICE OF INJURY HOME STREET, FACTORY OFFICE OF INJURY THOME STREET, FACTORY OFFICE OFFICE OF INJURY THOME STREET, FACTORY OFFICE OFFICE OFFICE OF INJURY THOME STREET, FACTORY OFFICE	DAY YEAR 19 E FARM ETC.) 21	OT RELATED TO THE TERM VAS PERFORMED It. HOW INJURY OCCUR! If LOCATION STREET 19 86 ATTENDING	INAL DISEASE OR CON 20a AUTOPSY? YES NO RED (ENTER NATURE OF INJUNCTION OF TO COMPANY OR TO COMPA	200. IF YES, WINCERTIFYING YES	COUNTY	STATE of (h (we) louses stoted

DHMH - 16 60M 7/84 (VRA 15, 4)

FOR

Anna Strang Strang Strang

00-07407

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certificate be executed within 24

TO HOSPITAL OK ATTENDING PHYSICIAN: The law requires that the death retained by the haspital ar attending physician.

TO FUNERAL DIRECTOR. After this certificate has been signed by should be detached for use as the burial-transit permit. Then plents with the State Dept. of Health and Mental Hygiene priar to burial (MPORTANT: If Hem 21 is marked or Item 18 shows any injury, or ather

uneral director, page 3 in 72 hours after death

and campletely filled in the line of the land 2 should be ided

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3	6		4	7
	REG. NO.			

1-	FOR STATE REGISTRAR			EALTH AND MENTAL HYG	REG. NO.	14	9
	CEASED NAME FIRST	A5	Kie	RNAN		-20-86	26 HOUR 7
3. SEX		4. RACE White	5. DATE C		6 AGE (IN YEARS LAST BIRTHD	MONTHS DAYS	IF UNDER 24 HRS
	RTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WH	IAT COUNTRY? 8	M . ISUSD LADOS	9 BALTIMORE CITY OR	COUNTY OF DEATH	
	ssachusetts	115	A MARRIE WIDOWE		montai	meru	MD.
Su	TY OR TOWN OF DEATH	Bell Re	SPITAL, NURSING HOME (ACILITY GIVE STREET ADDRESS) FUCC - 260	Believe D.	Director of	VORKING LIFE) INDUSTRY	dm.
13a S	m D Nontg	onery	E RESIDENCE BEFORE ADMISSION) CITY OR TOWN Rockville	136 INSIDE CITY LIMITS? YES NO 1	13835 Dow1a		20853
14 FA	THER'S NAME Jöhn	WIDDLE	Kiernan	Mary	WIDDIE	Qu'i	hlan
160 V	VAS DECEASED EVER IN U.S. AR	MED FORCES? 16 WE WAR OR DATES!	6 SOCIAL SECURITY NO.	17 INFORMANT Eileen P. Ki	address ernan-wife-(s		.)
	18 CAUSE OF DEATH (Enter DIA PART I. DEATH WAS CAUSE		e for (0), (b), and (c).) L2HE/MER	s Disense		APPROX BETWEEN	IMATE INTERVAL ONSET AND DEATH
NO	Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause lost. PART 2. OTHER SIGNIFICANT	DUE TO, OR A			THAL DISEASE OR CONDIT		a
CERTIFICATION	190 DATE OF OPERATION	·	ON FOR WHICH OPERATIO	N WAS PERFORMED		20b. IF YES, WERE FINDI IN CERTIFYING CAUSES YES	
	21a. ACCIDENT WAS UNDERLYING CONTRIBUTING CAUSE OF DE	HOUR A.M.		21c. HOW INJURY OCCUR	RED (ENTER NATURE OF INJURY I	IN ITEM 18 PART I OR PART 2)	
MEDICAL	21d INJURY OCCURRED WHILE NOT WHILE AT WORK	21e. PLACE OF (AT HOME STREET	INJURY , FACTORY, OFFICE FARM, ETC.)	21f. LOCATION STREET	CITY OR TOWN	COUNTY	STATE
	22a 1 certify that (1) (this hasp saw the deceased alive ar above, (1) (we) (did) (did no	MAYZ	20 1086	nd that in (my)-(a-) apinian	to MAY 2 death occurred an the date		
	226. SIGNATURE Person & Comment & C	Totalers	es mo	ATTENDING PHYSICIAN [MEDICAL STAFF DIRECTOR PHYSICIA	5-Z	o-86
	BERNARD 1		ERALD	SILVER			
230. 8	BURIAL, CREMATION, REMOVAL I ^{SPECIFY} Burial	May 27,		ephs Cemetery		COUNTY	Mass.
Pir Hir	uneral director nes /Rinaldi Fun	eral Home	11800 N.H. Silver Spri	ave.,	Y 22 1986	b. REGISTRAR'S SIGNA	TURE

DHMH - 16 60M 7/84 (VRA 15, 4)

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002	1 -	FOR STATE REGISTRAR	D	EPARTMENT OF HE	OF MARYL ALTH AND CATE OF I	MENTAL HYG	IENE 8 6 REG. NO.	4	9 2
1		CEASED NAME FIRST	WIDDLE	LAS	ST		20. DATE OF DEATH MONTH	DAY YEAR	20 110011
deoth	(IIIE	Maybel	Lle H.	I	King		May	18 198	
	3. SEX		4. RACE White	5. DATE OF June	BIRTH 19	1904	6. AGE (IN YEARS LAST BIRTHDAY)	MONTHS DA	
	2 01	Female			19	1904	9. BALTIMORE CITY OR COUN		
Colke		RTHPLACE (STATE OF FOREIGN OUNTRY) Missouri	76. CITIZEN OF WHAT CO	MARRIED		MARRIED	Montgomery		M
O		ty or town of death ver Spring	11. NAME OF HOSPITAL, (IF NOT INSUCH FACILITY, G	NURSING HOME OF			12a. USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING Homemaker	(#E) INDUST	D OF BUSINESS OF RY home
100	13a. S		NTY 13c CITY (or town Spring	13d. INSIDE C	CITY LIMITS?	13. STREET ADDRESS / ZIP CO 1201 Harding La	nDE ane	20904
Xom	14 FA	THER'S NAME FIRST Henry	MIDDLE	Jiethop		S MAIDEN NA/	ME	Т	ebbe
medical	160 W	/A N	A 489-3	38-9613	I7. INFORMA Carole		e-daughter-\$ilv	Marsha er Spr	11 Manor
vent, the		18. CAUSE OF DEATH (Enter of PART I. DEATH WAS CAUS	nly ane cause per line for ta ED BY: TE CAUSE (a)	SPIRATO	RY	FAIL	LURE		ROXIMATE INTERVAL FEN ONSET AND DEATH
er frammotic e		Canditians, if ony, which gove rise to immediate cause (a), stating the underlying cause last.	DUE TO, OR AS A CO	DESIR	EAD	ME	ASMSES	911	no KRS
ows any injury, or a	CERTIFICATION		CONDITIONS CONTRIBUT	ING TO DEATH BUT N BSTRUCTOR RWHICH OPERATION	IUN			GIVEN IN PART	
Mentol Hygien ir Item 18 show		21a. ACCIDENT WAS UNDERLYING [OR CONTRIBUTING CAUSE OF DE	HOUR A.M. MON	NTH DAY YEAR	21c. HOW IN	VJURY OCCURE	RED (ENTER NATURE OF INJURY IN ITEM	B PART TOR PART	2)
rked or Ite	MEDICAL	(IF EITHER NOTIFY MEDICAL EXAMINI 21d. INJURY OCCURRED WHILE NOT WHILE AT WORK AT WORK	P.M. 21e. PLACE OF INJURY (AT HOME, STREET, FACTOR	Υ	211 LOCATI		CITY OR TOWN	COUNTY	STATE
21 is ma		220.1 certify that (1) (this hasp saw the deceased alive a above (1) (we) (did) (did a	Acres 1 1 1 1	1086 one	that in (my	19 (aur) apınian	, tadeath occurred an the date and h	_, 19 56 naur and fram	the couses stated
NT: If Item		12h SIGNATURE	Ad ele		22e, ADDRE		MEDICAL STAFF DIRECTOR PHYSICIAN	3/	19/8Z
IMPORTANT		22d PHYSICIAN'S NAME (TYPE Richard P. I					Street, Silver	Spring	, Md. 20
W W	23a. 8	BURIAL, CREMATION, REMOVA (SPECIFY) Burial	23b. DATE 5-21-1986	23c NAME OF CE			23d LOCATION CITY OR TOWN Laurel Prin	ce Geo	rges Md
A 4/83	24 F	uneral director nes/Rinaldi Fun	ara Lomo	1800 N.H. ilver Spri		d. 250. PAI	ARECP 9 1986 P. J. REG	SURAR SALF	MARKET

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STATE OF MAKTEAND										
DEPARTMENT OF HEALTH AND MENTAL HYGIENE										
CERTIFICATE OF DEATH										

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	REG. NO.					

}	1-	FOR STATE REGISTRAR				EALTH AND MENTAL HYG ICATE OF DEATH	SIENE 8	6 I	4	9	1	3
١		CEASED NAME FIRST	MIDDLE		i.	AST	20 DATE OF	DEATH MONTH	DAY	YEAR	26 HOUR	>
H	1	Cordil	la No:	ra	Kno	ott		May	4	186		М
	3. SE	x	4 RACE		5. DATE C		6. AGE INYE	ARS LAST BIRTHDAY)	IF UNDI	ER I YEAR	IF UNDER 2	HRS MIN.
0		Female	Whit	_	Jun			77 YRS.				101 0.5.
		RTHPLACE (STATE OR FOREIGN	16. CITIZEN OF WHA		MARRIEI	NEVER MARRIED	9 BALTIMOI	RE CITY OR COUNT	Y OF DI	HTA		
0		Va.	U.S.		WIDOWE	DIVORCED [mery		MD.
			11. NAME OF HOSE (IF NOT IN SUCH FAC 19908 Wate	HITY, GIVE STREET AD	DRESS)	DR OTHER INSTITUTION	(TYPE OF WORK	CCUPATION FOR MOST OF WORKING I ewife		KIND OF DUSTRY	BUSINES	SS OR
	USU/ 13a. S	AL RESIDENCE (IF NURSING HOME OR (STATE 13b. COUN		RESIDENCE BEFORE A		13d INSIDE CITY LIMITS?	13e STREET A	ADDRESS / ZIP COD)F			
2		303 30 1		ermanto		YES X NO		Waterloo		(2	0874)
	14 FA	ATHER'S NAME	NIDDLE	LAST	71	15 MOTHER'S MAIDEN NA		WIDDLE		LAST		
3		Dahasat	-	Ashby		Mary		-	C	hild	ress	
		VAS DECEASED EVER IN U.S. ARA	MED FORCES? 166:	SOCIAL SECUR	ITY NO.	17 INFORMANT		19908 W	ater	100	Ct.,	
		No		4-01-58	33D	Mary Helen H	larwell	Germant	own.	Md.	2087	4
		18 CAUSE OF DEATH (Enter onl PART I. DEATH WAS CAUSED	y one cause per line	far (a), (b), and	F	2				APPROXIM	NATE INTERV	ZAL DE ATH
Ш		IMMEDIATE		Carr	MO-	- Pulmo	non	+ ame	1			
			DUE TO, OR AS	A CONSEQUEN	ICE OF	11010	no.	0 .0				
		Conditions, if ony, which gove rise to immediate	(b)			4 15 min	24	Lasian	'			
		cause (a), stating the underlying cause last.	DUATO OR AS	A CONSEQUEN	CE OF	arthai	ma	out Ro	reo	St	-	
			(Liver	20170		3 (0 3		8,		
	z	PART 2 OTHER SIGNIFICANT C	ONDITIONS CONTR	IBUTING TO DE	ATH BUT	NOT RELATED TO THE TERM	INAL DISEASE	OR CONDITION GI	IVEN IN	PART IIa		
	CERTIFICATION	190 DATE OF OPERATION	196 CONDITION	FOR WHICH C	PERATIO	N WAS PERFORMED	20n AUTO	PSY? 20b. IF YE	S. WER	E FINDING	GS USED	
1	IFIC						YES 🗆	IN CERT	IFYING	CAUSES	OF DEATH	1?
f	ERT	210 ACCIDENT WAS UNDERLYING	21b. TIME OF IN.	IURY		21c HOW INJURY OCCURE	1.20		(PART 2)	140	
4		OR CONTRIBUTING CAUSE OF DEAT	HOUR A.M.	MONTH DAY								
	MEDICAL	(IF EITHER NOTIFY MEDICAL EXAMINER) 21d INJURY OCCURRED	71e PLACE OF IN	JURY	19	211 LOCATION						
	ž	WHILE NOT WHILE AT WORK	(AT HOME STREET F	ACTORY, OFFICE FAR	M ETC)	STREET		CITY OR TOWN	CC	YINU	ST	ATE
		22a I certify that (I) (this hospit	al) ottended the de	reased fram	12	112 1 19 8	10		. 19		hot (l) (w	e) lost
		saw the deceased alive on abave, (1) (we) (did) (did not	SIVI	death 19	an, an	id that in (m) (our) apinian	death accurred	an the dote and ha	or and f	rom the co	auses sta	ted
		226. SIGNATURE	A NEW THE BOOK OFFE	On a		GEGREE			23	DATES	IGNED	-1
		WITH	(0).	MILIM	SULL	ATTENDING PHYSICIAN	MEDICAL DIRECTOR [STAFF PHYSICIAN		21	5	56.
		224 PHYSICIAN'S NAME (TYPE OR	PRINT)	V	1	21+ ADDRESS						
		Hiru Khian	ey, M.D.		_	20h28 Germa	ntown	Rd., Germa	nto	wn, N	1d.20	874
		BURIAL, CREMATION, REMOVAL	23b. DATE			EMETERY OR CREMATORY	23d LOCA		COUN	at v	6.7	ATE
		Burial	5/6/186	For	rest	Oak Cemetery	Gait	hersburg		ntg.	3	Md.

DHMH - 16 60M 7/B4

(VRA 15, 4)

Gartner Sandison F. H.

316 E. Diamond Ave. Gaithersburg, Md. 20877

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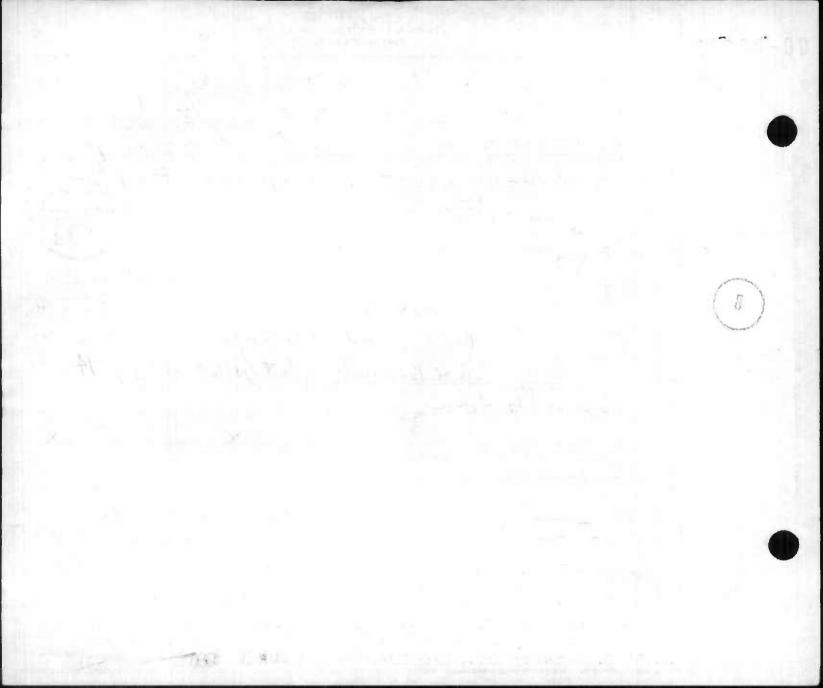
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DHMH - 16 60M 7/B4 (VRA 15, 4)

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DEPARTMENT OF HEATH AND MENTAL HYGINE REGISTRAR LOSTERAR LOSTERAR LOSTERAR LOSTERAR Stefan G. Kruddson Stefan G. Kruddson Stefan G. Stefan G. Stoff of Brith November 27, 1972 Jane Brithplace Gaucasian November 27, 1972 Jane Brithplace Jane						STAT	E OF MARYLAND				
REGISTRAN DECEASED NAME 100 Strefan G. Knudson Strefan G. Knudson Strefan G. Knudson Strefan G. Knudson May 28, 1986 9:59AM 9:8AM May 28, 1986 9:6AM		1			DEPART	WENT OF H	IEALTH AND MENTAL HYG	IENE A 6	1	4 9	4
The participation of the par	3	1.				CERTIF	ICATE OF DEATH	O DEG	NO		
She fan G. RACE DATE OF BRITH Male Caucasian November 27, 1972 Bashimore City occupation Mary 1an Mary 1an Mary 1an Mary 1an Montgomery Mo				-	WIDDIE	- 1	AST			DAY YEAR	26 HOUR
SEK RACE SO ACC PRITH MOVEMBER 27, 1972 13 vg SO ACC MOVEMBER 27, 1972 13 vg Movember 27, 1972	7	(TYPE		n	G	K-	nudgon	,	Mars 28	1086	9.504
Maryland Signification Maryland United States Women Worker Marked Maryland United States Women Worker Marked Maryland United States Women Worker Marked Women W	-	3 SF)			G .				_		
BRITHPIACE (STATE OFFICE) IDECTION OF DEATH United States United State		0 0 1				MONTE	DAY YEAR			MONTHS DAYS	HOURS MIN.
Marriand United States Widowed Divorce	-	7- DI				Nove	mber 27, 1972			CEDEATH	
It city or town of death It NAME OF ROSPITAL NURSING HOME OF OTHER INSTITUTION If STATE ADDRESS OR If STATE IT STATE ADDRESS IT STATE ADDRESS IT STATE ADDRESS IT IT IT IT IT IT IT	1	(OUNTRY)			MARRIE	D NEVER MARRIED	y BALTIMORE CITY	OK COOM !	OFDEATH	
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SUBJUL RESIDENCE Manuacinomo conditions content estitutors of establication and established 136 country 13	2	10 CI	IY OR TOWN OF DEATH	(IF NOT IN SU	CH FACILITY, GIVE STREET	ADDRESS)	OR OTHER INSTITUTION			126 KIND O	F BUSINESS OR
13 STATE 13 COUNTY 13 STATE 13 STATET ADDRESS / ZIP CODE 12 409 Dancrest Drive 20871 14 FATHER'S NAME 15 MONTE 15 MOTHER'S NAME 12 MODE 13 MODE 14 MODE 14 MODE 14 MODE 14 MODE 14 MODE 15 MODE 15 MOTHER'S NAME 15 MODE 16 MODE 16 MODE 16 MODE 17 MODE 17 MODE 18 MODE	9			12409 1	Dancrest 1	Drive		Student		Educa	ation
Maryland Montgomery Clarksburg No 12409 Dancrest Drive 20871	0	USUA 13a S					113d INSIDE CITY LIMITS?	13e STREET ADDRESS	ZIP CODE		1
IL FAITHER'S NAME Charles Joseph Knudson Cabriele Tise Tise Cabriele	0	Ma									20871
Charles Joseph Knudson Gabriele Tise Was Deceased even in-ear as Armed Porcess* (its social security no its informant) No	24		THER'S NAME	,				ΛE			
186 WAS DECEASED EVEN IN SET ARMED FORCES? 186 SOCIAL SECURITY NO NONE 17 INFORMANT ADDRESS			. 110		Knudson		1 111 31	WIDDLE		2710	ī
None C. Joseph Knudson (father) same as #13 18 CAUSE OF DEATH IEnter only one couse per line for 101, (b) and 102 PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE 103 Cardia C Arrest Smill halfs Smill hal			VAS DECEASED EVER IN UT	MED FORCES?		JRITY NO		ADD	RESS	1130	
18 CAUSE OF DEATH EERIP ONly one cause per line for 10, 1b, and 1c PART 1. DEATH WAS CAUSED BY Conditions, if only, which gove rise to immediate copie in. storing the vocal line for 10, 10 pt. 15, 2 pt. 14 pt. 15 PART 2. OTHER SIGNIFICANT CONDITION FOR WHICH OPERATION WAS PERFORMED 196. DATE OF OPERATION 196. CONDITION FOR WHICH OPERATION WAS PERFORMED 216. ACCIDENT WAS UNDERLYING 21b TIME OF INJURY HOUR A.M. MONTH DAY YEAR (SET INJURY OR CONTRIBUTING CAUSES OF DEATH?) 176. ACCIDENT WAS UNDERLYING 21b TIME OF INJURY HOUR A.M. MONTH DAY YEAR (SET INJURY OR CONTRIBUTING CAUSE OF DEATH?) 177. ACCIDENT WAS UNDERLYING 21b TIME OF INJURY HOUR A.M. MONTH DAY YEAR (SET INJURY OR CONTRIBUTING CAUSE OF DEATH?) 178. ACCIDENT WAS UNDERLYING 21b TIME OF INJURY HOUR A.M. MONTH DAY YEAR (SET INJURY OR CONTRIBUTING CAUSE OF DEATH?) 178. ACCIDENT WAS UNDERLYING 21b TIME OF INJURY HOUR A.M. MONTH DAY YEAR (SET INJURY OR COUNTY STATE OF THE WILL HAVE A STREET, FACTORY, OPTICE, FARM, ETC.) 178. ACCIDENT WAS UNDERLYING 21b TIME OF INJURY HOUR A.M. MONTH DAY YEAR (SITE OF INJURY) HOUR A.M. MONTH DAY YEAR (SITE OF INJURY) HOUR A.M. MONTH DAY YEAR (SITE OF INJURY) 178. ACCIDENT WAS UNDERLYING 21b TIME OF INJURY HOUR A.M. MONTH DAY YEAR (SITE OF INJURY) HOUR A.M. MONTH DAY YEAR (SITE OF INJURY) 178. ACCIDENT WAS UNDERLYING 21b TIME OF INJURY HOUR A.M. MONTH DAY YEAR (SITE OF INJURY) 178. ACCIDENT WAS UNDERLYING 21b TIME OF INJURY HOUR A.M. MONTH DAY YEAR (SITE OF INJURY) 178. ACCIDENT WAS UNDERLYING 21b TIME OF INJURY HOUR A.M. MONTH DAY YEAR (SITE OF INJURY) 179. ACCIDENT WAS UNDERLYING CAUSES OF DEATH? 170. AUTON ON THE TIME OF INJURY HOUR A.M. MONTH DAY YEAR (SITE OF INJURY) 170. AND THE TIME OF INJURY HOUR A.M. MONTH DAY YEAR (SITE OF INJURY) 170. ACCIDENT WAS UNDERLYING COUNTY OF INJURY HOUR A.M. MONTH DAY YEAR (SITE OF INJURY) 170. ACCIDENT WAS UNDERLYING COUNTY OF INJURY HOUR A.M. MONTH DAY YEAR (SITE OF INJURY) 170. ACCIDENT WAS UNDERLYING COUNTY OF INJURY HOUR A.M. MONTH DAY YEAR (SITE	/	()		VE WAR OR DATES)	None		C Togonh Vm	. 1 (5 - 4 1			11.10
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QOVE 158 to immediate couse lost. PART 2. OTHER SIGNIFICANT CONDITION SONTEIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GENERAL PART 1 TO PART 2. OTHER SIGNIFICANT CONDITION FOR WHICH OPERATION WAS PERFORMED 198. DATE OF OPERATION 198. CONDITION FOR WHICH OPERATION WAS PERFORMED 216. ACCIDENT WAS UNDERLYING OF DEATH HOUR A.M. MONTH DAY YEAR P.M. 19 216. NOTWING CONTRIBUTING CAUSE OF DEATH POR A.M. MONTH DAY YEAR P.M. 19 216. NOTWING CONTRIBUTION OF COUNTY STATE AT WORK OF INJURY OF INJURY NOT HOUR A.M. MONTH DAY YEAR P.M. 19 216. NOTWING CONTRIBUTION OF COUNTY STATE AT WORK OF INJURY OF			IMMEDIA	TE CAUSE (a)	Carolla	CM	7103			3 h	unung
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190 DATE OF OPERATION 190 CONDITION FOR WHICH OPERATION WAS PERFORMED 280 AUTOPSY? 280 IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES NO Y			underlying couse tast	((c)	Bone n	MINO	in lans plans	HUBIATI	Jures	777	mens
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OR CONTRIBUTING CAUSE OF DEATH P.M. 19 21d. INJURY OCCURRED WHILE AT WORK NOT WHITE AT WORK NOT WHIT	77	CAI	190 DATE OF OPERATION	196 CONE	ITION FOR WHICH	OPERATIO	N WAS PERFORMED	20a AUTOPSY?			
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(SETINER NOTIFY MEDICAL EXAMINER) P.M. 19 21d. INJURY OCCURRED WHILE AT WORK AT WORK 220. I certify that (II) this begulate) oftended the deceased from 19 8 and that in (my) (our) apinion death occurred on the date and hour and transfer on the deceased of the same of the sa	0	CER		-		A.V. VEAD	21c. HOW INJURY OCCURR	ED (ENTER NATURE OF IN	JURY IN ITEM 18 I	PART I OR PART 2)	
220. I certify that (I) this because of the deceased from 19 80 to May 25 19 6 that (I) (we) lost sow the deceased alive an above, (I) the (idid) this not view the body after death. 27b. SIGNATURE DEGREE ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN DIRECTOR PHYSICIAN DIRECTOR PHYSICIAN DIRECTOR PHYSICIAN DIRECTOR MILE 22c. Date Signed 22c.	X	AL		MIN .							
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220. I certify that (I) Note hespitel) attended the deceased from 19 8 and that in (my) (our) apinion death occurred on the date and hour and from the cause state of the deceased alive an above, (I) 19 8 and that in (my) (our) apinion death occurred on the date and hour and from the cause state of the day of the body after death. 226. PHYSICIAN DIRECTOR PHYSICIAN		ME	WHILE NOT WHILE	(AT HOME ST	REET, FACTORY, OFFICE, F	ARM, ETC }	STREET	CITY OR	OWN	COUNTY	STATE
sow the deceased alive on door. [19 8 and that in, (my) (our) again and each occurred on the date and hour and from the cause suffer above. [1] the idid this associated by view the body after death. 2726 PHYSICIAN DIRECTOR DIRECTOR PHYSICIAN DIRECTOR PHYSICIAN DIRECTOR DIREC			AT WORK	ital) mittandad ti	ho docoured from		10 80	, may	25	10.86	shee (I) (we) less
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ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIA			obove, (I) (me) (did) td.d.m	view the body	ofter death.	CNot	I There been	in weeksly	Char		
PHYSICIAN DIRECTOR DI	2		226. SIGNATURE	7/	- //	han	ATTENDING	MEDICAL ST	AFF	111.0416	dal
Lawrence F. Cohen, M.D. 10313 Georgia Ave.#303 Silver Spring, Md. 236. BURIAL, CREMATION, REMOVAL (SPECIFY) Cremation May 31, 1986 Metropolitan Crematory Alexandria 20902 10313 Georgia Ave.#303 Silver Spring, Md. 236. LOCATION (SPECIFY) Cremation May 31, 1986 Metropolitan Crematory Alexandria			Z.	4	our	A.D.	PHYSICIAN E	DIRECTOR PHYS	ICIAN 🗌	5/4	2006
236. BURIAL, CREMATION, REMOVAL 236. DATE 236. NAME OF CEMETERY OR CREMATORY 23d. LOCATION CITY OR TOWN ACCOUNTY Virginia	/		22d. PHYSICIAN'S NAME (TYPE	OR PRINT)			22e ADDRESS				20902
236. BURIAL, CREMATION, REMOVAL 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION CITY OR FOWN ALEXANDRIA VIrginia			Lawrence F. (Johen. M	1.D		10313 Georgia	Ave. #303	Silver	Spring	Md.
Cremation May 31, 1986 Metropolitan Crematory Alexandria Virginia		23a. B	LIRIAL CREMATION REMOVAL	23b. DATE	23c		EMETERY OR CREMATORY	23d. LOCATION		1.00415	,
		- (Cremation	May 31	, 1986 Met	tropo]	litan Cremator	y Alexandr	ia	Vir	ginia
24 FUNERAL DIRECTOR Robert A. Pumphrey Funeral Homes, 250. DATE REC'D. BY REGISTRAR' 256. REGISTRAR'S SIGNATURE		24 FL	INERAL DIRECTOR Robert	- A Pim	phrey Fur	neral	Homes 25a. DATI	REC'D. BY REGISTRA			
P.A., 300 W. Montgomery Ave., Rockville, Maryland JUN 3 1886 July Duriday	34	- A	300 W. Montgo	omery Av	e., Rocky	ville,	Maryland JU	N 3 1986	Frehad	Javidan-1	September 1



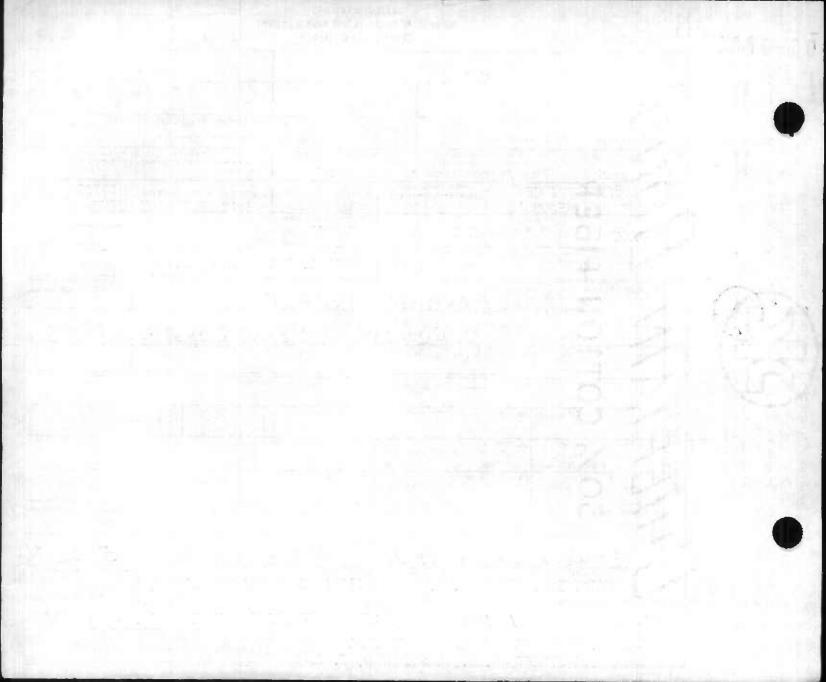
ħη-	- 0 7 8	36	1.	FOR STATE REGISTRAR			DEPARTI	MENT OF H	E OF MARYLAND BEALTH AND MENTAL HYO CATE OF DEATH	GIENE 8 6	70.	4 9	1 5
0 0				CEASED NAME	FIRST		MIDDLE		AST	20. DATE OF DEATH	MONTH DA	Y YEAR 2	b. HOUR
k	by be				LLIAM		NMN	KC	LA		5/22/	86	4:20 Am
8	om od		3. SE	х		4. RACE		5. DATE		6 AGE (IN YEARS LAST B	IRTHDAY) IF	UNDER I YEAR	FUNDER 24 HRS
	ge 4	2		Male		white		2/0	5/12° YEAR	74	YRS	NIHS DAYS	HOURS MIN.
	Po I	0/0	7a. B	RTHPLACE (STATE OR FO	DREIGN	76. CITIZEN OF	WHAT COUNTRY?	8 AAA DDIE	NEVER MARRIED	9 BALTIMORE CITY	OR COUNTY C	FDEATH	
	eath nera	61		NEW YORK	100	USA		WIDOW		Montgome	ry		MD.
	er d	3-1	10 C	TY OR TOWN OF DEA	ТН		HOSPITAL, NURSIN		OR OTHER INSTITUTION	120 USUAL OCCUPA	TION		BUSINESSOR
10	by th	- T		koma park		Washing	ton Adver		Hospital	SALES	OF WORKING (IFE)	IND RETA	IL
IND 213	24 hour	35	13a.	MARYLAND		RGE'S	13HVAPTSV		13d. INSIDE CITY LIMITS?	13e STREET ADDRESS		2078. DRIVE	3
XI.	rithing tely	10/11	14. F/	THER'S NAME		MIDDLE			15 MOTHER'S MAIDEN NA	ME			
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ORE,	xecut	dicol		VAS DECEASED EVER I		MED FORCES?	166 SOCIAL SECU		17 INFORMANT RUBY L. KO		ST PARK		
MI.	be e	£./		NO			577-05-3	3545	KUBY L. KU	LA, HYATTSI	ILLE, N		O TE INTERVAL SET AND DEATH
1 W. PRESTON ST.	hat the death certif	other training		Conditions, if ony, gove rise to imm couse (0), stating underlying couse	ediote	DUE TO, C	DR AS A CONSEQUI	NA	ARRES	RY DISI	EASE	13	yrs
RDS, 20	equires 1 signed	ta buric	NO	PART 2 OTHER SIGN	IFICANT C	ONDITIONS C	ONTRIBUTING TO	DEATH BUT	NOT RELATED TO THE TERM	AIN AL DISEASE OR COI	NDITION GIVEN	IN PART 1:0	
AL RECOI	he low re an.	ows ony	CERTIFICATION	190 DATE OF OPERAT	ION	19b. COND	DITION FOR WHICH	OPERATIO	N WAS PERFORMED	200 AUTOPSY? YES □ NO [V])	IN CERTIFYI	WERE FINDING NG CAUSES O	S USED F DEATH?
DIVISION OF VITAL RECORDS	SICIAN: T	tem 18 sh	MEDICAL CER	210. ACCIDENT WAS UNDE OR CONTRIBUTING C (IF EITHER NOTIFY MEDIC	AUSE OF DEA	P	.M. MONTH D.	AY YEAR	21c. HOW INJURY OCCUR	RED (ENTER NATURE OF INJ	URY IN ITEM 18 PAR	FOR PART 2)	
OIVISIO	offer this	th and N	MED	21d INJURY OCCURRI	IE []		OF INJURY REET, FACTORY, OFFICE, F	ARM ETC)	21f LOCATION STREET	CITY OR T	OWN	COUNTY	STATE
	ATTENDI spital ar	of Heal		22a.1 certify that (I) (sow the decease above, (I) (we) (di					nd that in (my) (our) apinion	death occurred on the			ot (II (we) lost uses stoted
	y the hor	AT: If Herr		22b. SIGNATURE DATA	ici	i qu	inn	L	DEGREE ATTENDING PHYSICIAN	MEDICAL STA	AFF ICIAN 🗌	5-3	22-86
	O HOSPI	WPORTAN			ICIA	A GURN	у, м. OD.		11161 NEW H	AMPSHIRE AL	/ P- N P-	SILVER S	
	F	- =	220 1	LIPIAL CREMATION S	EALONAL	1935 DATE	22. 1	LANCE OF C	EMETERY OR COSMATORY	224 LOCATION		_	

DHMH - 16 60M 7/84 (VRA 15, 4)

23b DATE 5/23/1986 234 NAME OF CEMETERY OR CREMATORY
MOUNT LEBANON CEMETERY 23d LOCATION Y ADELPHI BURIAL 24 FUDONALD M. STEIN HEBREW MEMORIAL FUNERAL HOME

230. BURIAL, CREMATION, REMOVAL

MARYLAND



00-06365

may be

FOR STATE

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE
CERTIFICATE OF DEATH

8 6 REG. NO.	4
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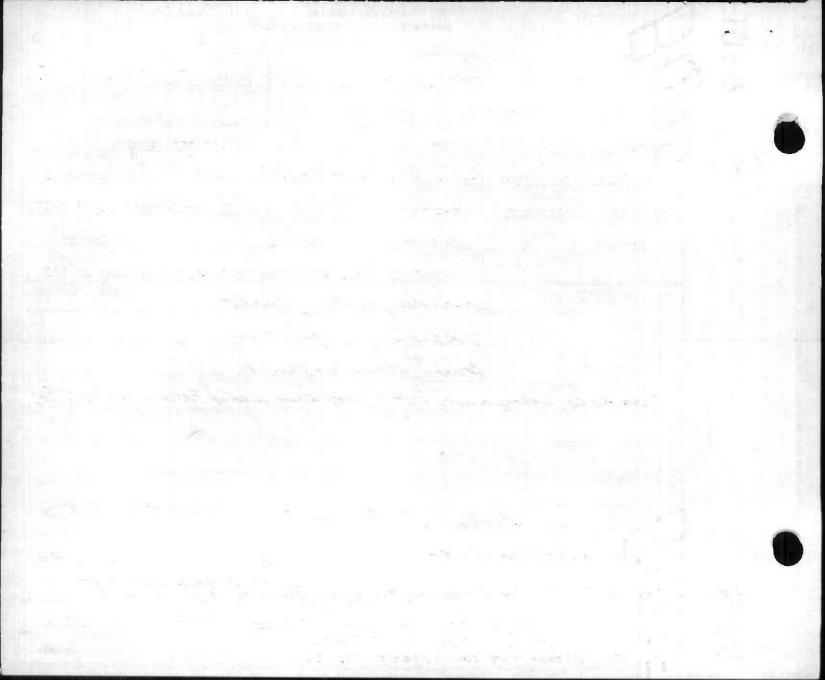
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	mag	4	- 1	

KEGISTKAK				CENT. 11	TEATE OF PEATE	REC	. NO.		
1. DECEASED NAME	FIRST		MIDDLE	-	AST	20 DATE OF DEAT	H MONTH	DAY YEAR	2b HOUR
(TIPE OK PRINT)	Stavro	s I	ennis	Ko	minos	MAY	710	186	3:00P.
SEX	4.	RACE		5. DATE C		6 AGE (IN YEARS LAS	T BIRTHDAY)	IF UNDER I YEAR	
Male	C	aucasi	an	Febr	uary 10,1927	59	YRS.	MONTHS DAYS	HOURS MIN
BIRTHPLACE (STA			WHAT COUNTRY?	8		9. BALTIMORE CIT		OF DEATH	
COUNTRY)	4 9	United	States	WIDOW	D NEVER MARRIED DIVORCED	Montgom	ery Con	in tar	,
City or town o					OR OTHER INSTITUTION	120 USUAL OCCU			OF BUSINESS C
D 1 117		(IF NOT IN SU	CHEACILITY, GIVE STREET		Lie - Hasnit	TYPE OF WORK FOR MO			
Rockville	NURSING HOME OR O	THER INSTITUTION	Grove F		ATIST HOSPIT	4 Chef		Kest	aurant
13a. STATE	136 COUNT	Υ	13c. CITY OR TOW	N	13d. INSIDE CITY LIMITS?	13e STREET ADDRE			/ 0007
Maryland	Montgo	mery	Germanto	wn	YES NO X	20322 Th	underhe	ad Way	/ 2087
FATHER'S NAME	MI	DDIE	LAST		FIRST	WIDD	LE.	L	AST
Dennis			Komino		Theodora			Ka1o	giris
(YES, NO OR UNKNOW			166 SOCIAL SECU	RITY NO.	17 INFORMANT	AE	DRESS		
No	_		080-28-1	.822	Mrs. Aphrodit	e Kominos	, Wife,	Same	as #13
18. CAUSE OF I	EATH (Enter only	one couse pe	er line for (o) in l. one						XIMATE INTERVAL
	H WAS CAUSED	BY:	Cardior		cistore 1.	west		1,000	
116		DUE TO, O	DR AS A CONSEQUE	NCE OF					
Conditions, if	ony, which	(d)	Tulu	mar	a spera	Cer			
gave rise to couse (a),		DUETO	OR AS A CONSEQUE	NCE OF		1100		10	
	ause last.	100010,0	Bran		en states	1 ts			
PART 2 OTHER	SIGNIFICANT CO	ONDITIONS (ONTRIBUTING TO E			AINAL DISEASE OR C	ONDITION GIV	/EN IN PART 1	10.
					Confestive			RLE	mate
4 190 DATE OF O					N WAS PERFORMED	20a AUTOPSY?	20b. IF YE	S, WERE FIND	
量						YES T NO	4	FYING CAUSE ES 🗍	S OF DEATH?
19a DATE OF O	S UNDERLYING		OF INJURY		21c HOW INJURY OCCUR	RED (ENTER NATURE OF	INJURY IN ITEM 18	PART I OR PART 2)	
00.00112001121111	CAUSE OF DEATH		I.M. MONTH DA						
(IF EITHER, NOTIF	MEDICAL EXAMINER)		OF INJURY	19	21f LOCATION				
WHILE [] N	OT WHILE		TREET, FACTORY, OFFICE, F	ARM ETC)	STREET	CITY	OR TOWN	COUNTY	STATE
AT WORK	I WORK					-	7 6		
			he deceased from_			2 , to	al of	19	, tho (1) (w)
sow the de	ceased alive an_ e1 (did) (did not)	view the bad	v after death.	, o	nd that in (my (our opinion	death accurred on the	ne date and hou	er and from the	e couses stated
226 SIGNATUR					DEGREE	10000		22c. DAT	ESIGNED
Doce	tos SX	want	he na		ATTENDING PHYSICIAN [MEDICAL DIRECTOR PH	STAFF YSICIAN []	5	17/36
22d. PHYSICIAN	'S NAME (TYPE OR	PRINT)			22e. ADDRESS			1 01	-
2006	AS R	546	MAKER	nel	615 00.1	nontre	RELIE !	790	C .
2 OUBLAL COSMA		_			PECKVIL	Last rocation	0 20	1870	
230. BURIAL, CREMAT	ION, REMOVAL	23b. DATE			EMETERY OR CREMATORY	23d LOCATION CITY OR TOW	N	COUNTY	STATE
Burial					Heaven Ceme				
24 FUNERAL DIRECTO	Robert	L A. Pi	umphrey Fu	inera.	Homes, 250 DA	TE REC'D. BY REGIST			
P.A., 300	W. Monts	gomery	Avenue, I	Rockv	ille, MD. M	AY 1 3 198	6 juna	wandson-	Mandelle

DHMH - 16 50M 4/83 (VRA 15, 4)

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physicion and c should be detached for use as the burial-transit permit. Then please remove carbonpapers-Pages, with the State Dept. of Health and Mental Hygiene prior to burial, cremation, ar removal.

TO HOSPITAL OR ATTENDING PHYSICIAN: The retoined by the haspitol or ottending physicion.



00-06222

within 24 hours aft

pe

certificate

erol director, page 3 72 hours ofter death

puo

physicion

attending

signed by the

TO FUNERAL DIRECTOR: After this certificate has been

ATTENDING PHYSICIAN: The attending physicion

the hospital or

BP.

STATE OF MARYLAND FOR STATE

DEPARTMENT OF HEALTH AND MENTAL HYGIENE CEPTIFICATE OF DEATH

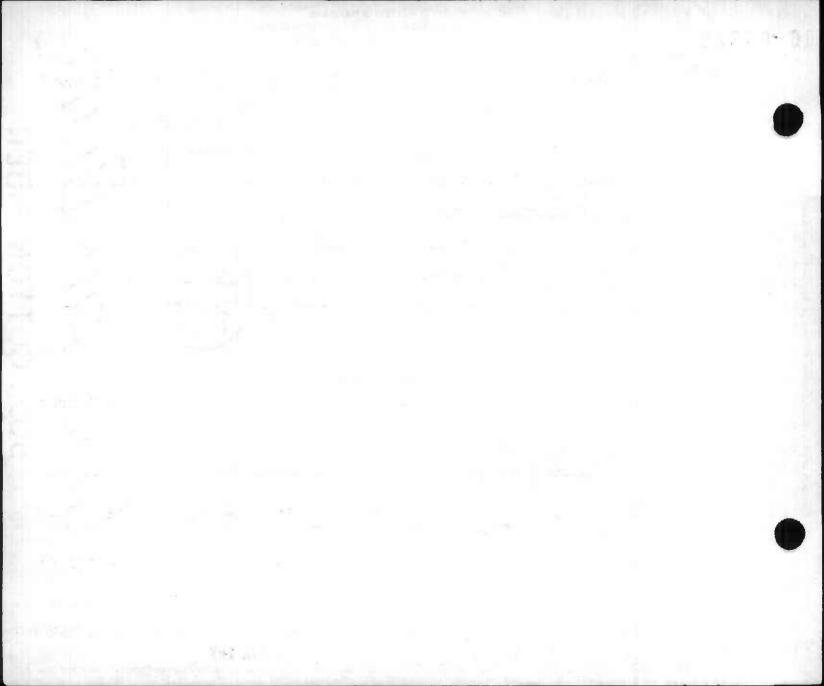
63	E.	
0	REG NO	

1017

I DE								REG. NO.			
	CEASED NAME FIRST		WIDDIE	LAST			20 DATE OF D	EATH ~	ONTH	DAY YEAR	26 HOUR
1,	Rulph	a	lesley	Kra	use			May	6	1986	1:40
3. SEX	Х	4 RACE		5 DATE OF B			6 AGE (IN YEAR	RS LAST BIRTH	DAY}	IF UNDER I YEAR	
M	Male	Caucas	ian	Feb.	18	1909	77		YRS.	MONTHS DATS	HOURS
7o. BIF	IRTHPLACE (STATE OR FOREIGN	76. CITIZEN O	F WHAT COUNTRY?	8 MARRIED X	Y NEVER M	A DRIED []	9 BALTIMORE	CITY OR		OF DEATH	
Wa	ishington, D.C	. USA		WIDOWED		ORCED	Montac	imo till			
10 CT	ITY OR TOWN OF DEATH		F HOSPITAL, NURSIN		THER INSTI	NOITUT	120 USUAL OC	CUPATIO			OF BUSINES
Si	ilver Spring	3477 \$		World	Bouler	and	Printe		WORKING (IF	G.P.	0
USUA	AL RESIDENCE (IF NURSING HOME STATE 13b. CC			ADMISSION)	I INSIDE CIT		13e STREET AD		ZID CODE		
		taomeru				NO X	Same		11		209
14. F.A	ATHER'S NAME	WIDDLE	LAST		MOTHER'S	MAIDEN NA	۸E				
W	Villiam	M	Krause		Elizak	oth		R		Mun	
160 W	WAS DECEASED EVER IN U.S.				INFORMAN		1.0	ADDRES	S	1.10071	
4 .	YES, NO OR UNKNOWN) (IF YES,	GIVE WAR OR DATES)	578-07-40	267 1	Maru I	. Клаг	se wife	Sami	e. As	11	
	18. CAUSE OF DEATH (Enter	only one cause o			1100 007	10000	No wielle	Joan	C 705	APPROX	ONSET AND D
	PART I. DEATH WAS CAL	JSED BY.	head 2	- Li C		Manag	ani um	1100	k-ma-ma	4	no
	underlying cause last	(c)_	or as a conseque	NCE OF						24	
NO	PART 2 OTHER SIGNIFICAN	(c)_	CONTRIBUTING TO D		T RELATED 1	O THE TERM				EN IN PART I	
TIFICATION	PART 2 OTHER SIGNIFICAN	IC)_ NT CONDITIONS	CONTRIBUTING TO D	DEATH BUT NO	ince	com.	200 AUTOPS	DCO	206 IF YES		L Gra
CERTIFICATION	PART 2. OTHER SIGNIFICAN Bone Condition 199 DATE OF OPERATION 210. ACCIDENT WAS UNDERLYING	17 CONDITIONS 196 CON 216 TIME	CONTRIBUTING TO D CONTRIBUTING	DEATH BUT NO OPERATION W	VAS PERFOR	MED .	200 AUTOPS		20b IF YES IN CERTIF YE	Porto , WERE FINDI YING CAUSES S	NGS USED S OF DEATH
CERTIFICAT	PART 2 OTHER SIGNIFICAN Bone and	IT CONDITIONS	CONTRIBUTING TO D webs of a DITION FOR WHICH	DEATH BUT NO OPERATION W	VAS PERFOR	MED .	200 AUTOPS YES N		20b IF YES IN CERTIF YE	Porto , WERE FINDI YING CAUSES S	NGS USED S OF DEATH
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MEDICAL CERTIFICAT	PART 2 OTHER SIGNIFICAN BY COLOR 190 DATE OF OPERATION 210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF (IF EITHER, NOTIFY MEDICAL EXAM 21d. INJURY OCCURRED WHILE NOT WHILE ALL WORK 220. I certify that (1) (this he saw the deceased alive obove, (1) two Helidal (did 25 SIGNATURE 22d. PHYSICIAN'S NAME (1) EURIAL, CREMATION, REMOVE BURIAL, CREMATICAL, CREMATION, REMOVE BURIAL, CREMATICAL, CREMATION, REMOVE BURIAL, CREMATICAL, CREMATICAL	IT CONDITIONS 19b CON 19b CON 21b TIME HOUR HOUR (AT HOME 1) 21e PLAC (AT HOME 1) PE OR PRINT) AL 23b DATE May 9	CONTRIBUTING TO DE CONTRIBUTING TO DE CONTRIBUTION FOR WHICH IN CONTRIBUTED FOR WHICH IN CONTRIBUTED FOR THE DECEMBER OF THE PROPERTY OF THE DECEMBER OF THE D	OPERATION W AY YEAR 19 ARM ETC) PAGE 211 ARM OF CEME 222	LOCATION STREET AT PERSON ADDRESS ETERY OR CE	MED 19 19 TENDING 14YSICIAN CEMATORY Cemete	200 AUTOPS YES N ED (ENTER NATUR (C) MEDICAL DIRECTOR	STAFF PHYSICIA ON TOWN	28b IF YES IN CERTIFY YE IN ITEM IS P	COUNTY COUNTY COUNTY COUNTY COUNTY COUNTY COUNTY COUNTY	that the causes state SIGNED

DHMH - 16 60M 7/84 (VRA 15, 4)

should be detached for use as the burial-transit permit. Then please remove carbonpapers. Pages with the State Dept. of Health and Mental Hygiene prior to burial, cremotian, or removal.



10	REGISTRAR ECEASED NAME	SIDST	WE	DICAL EXAMINER'S	TAST		
7.95	YPE OR PRINT)	* M31		MADDEC	LAS!	20. DATE KNOWN OF ESTI-	
RDS, 201 W. PRESTON STREET, BY OLD STREET,	X [/	TE	DDY S DATE OF BIRTH	LYNN KRUEGER	NDER 1 YR. TIF UNDER	DEATH MATED 24 HRS. 2c. DATE	5-25-8619 MONTH DAY YEAR 24 HOL
3. 30	Male	White	March 24	, 1944 42 YRS.		MIN PRONOUNCED DEAD	5-25-86,9 7:30
J P	Pennsylva	nia	U.S.A	MARR	IED NEVER MARRI	ED Montgomery	County
/ F	oolesvi	lle	17431 Hu		HER INSTITUTION	FOR MOST OF WORKING LIFE) Engineer	OF WORK 12b. KIND OF BUSINESS OR INDUSTRY Electrical
	STATE Maryland	F IN NURSING HOM	e or other institution, GIV INTY Intgomery	VE RESIDENCE BEFORE ADMISSION) 13 CITY OR TOWN Poolesville	13d. INSIDE CITY LIMITS? YES NO	17431 Hughes	Road 20837
1	FATHER'S NAME		John	Krueger	15. MOTHER'S MAIDE Betty	Lou	Courtney
160.	WAS DECEASED	EVER IN U.S. A	ARMED FORCES? NE WAR OR DATES) et Nam	166 SOCIAL SECURITY NO. 186 36 5239	Gerry W	ilk same as 13e	
7	Conditions	, if any, whi	IATE CAUSE (a)	Drug Abuse AS A CONSEQUENCE OF			
No	Canditions gave rise cause (a) s lying caus	IMMEDI s, if any, whi e to immedia stating the <u>unde</u> e last.	(b)		SE OR CONDITION GIVEN IN PAI	RT 1 ios	
CATION	Canditions gave rise cause (a) s lying caus	IMMED: to immedia totaling the under e last.	IATE CAUSE (a) Ch Ch (b) DUE TO, OR (c) (c) NS CONTRIBUTING TO DEATH	AS A CONSEQUENCE OF		RT 1 (d)	20 AUTOPSY?
CALCERTIFICATION	Canditions gave rise cause (a) s lying caus PART 2 OTHER SIG	IMMEDI s, if any, white the immedia stating the under the last. DPERATION CAUSE WAS OR G CAUSE OF	IATE CAUSE (0) OUE TO, OR (b) DUE TO, OR (c) (c) IS CONTRIBUTING TO DEATH 19b. CONDIT	AS A CONSEQUENCE OF BUT NOT RELATED TO THE TERMINAL DISEASE TION FOR WHICH OPERATION V (Morbid cond TINJURY MONTH DAY YEAR 19	VAS PERFORMED? ition) OW INJURY OCCURRE	RT 1 (d). D (ENTER NATURE OF INJURY IN ITEM 18 P.	YES 🗷 NO
MEDICAL CERTIFICATION	Conditions gave rise cause (a) s lying caus PART 2 OTHER SIG	IMMEDI s, if any, white the immedia stating the under the last. DPERATION CAUSE WAS OR G CAUSE OF	IATE CAUSE (a) OUE TO, OR (b) DUE TO, OR (c) INS CONTRIBUTING TO DEATH 21b. TIME OF HOUR A.M. 21e. PLACE (C)	AS A CONSEQUENCE OF BUT NOT RELATED TO THE TERMINAL DISEASE TION FOR WHICH OPERATION V (morbid cond TINJURY LATHOME, 21 F. LC 21 F	vasperformed?		YES 🗷 NO
SBALTIMORE, MARYLAND, 21201 PRIOR TO BURIAL, CREMATION OF REMOVAL. 9.57 MEDICAL CERTIFICATION	Canditions gave rise couse (a) s lying caus PART 2 OTHER SIGI 19a DATE OF C 21a EXTERNAL UNDERLYING CONTRIBUTIN 21d. INJURY OF WHILE AT WORK	IMMEDI i, if any, white to immedia toting the under least. NIFICANT CONDITION CAUSE WAS OR GAUSE OR CAUSE OR CAUSE OR NOT WHILE AT WORK with the total transfer of the total transfer or the transfer or the total transfer or the transfer or the total transfer or the transfer or the total transfer or the t	IATE CAUSE (a) DUE TO, OR (b) DUE TO, OR (c) INS CONTRIBUTING TO DEATH 19b. CONDIT 21b. TIME OF HOUR A.M. P.M. 21e PLACE (STREET, FACT) arge of the remains destural causes	AS A CONSEQUENCE OF BUT NOT RELATED TO THE TERMINAL DISEASE TION FOR WHICH OPERATION V (morbid cond FINJURY L. MONTH DAY YEAR L. T9 OF INJURY (AT HOME, 21F, LC)	VAS PERFORMED? ition) OW INJURY OCCURRE OCATION STREET OSY X, Inspection Hamicide TITLE (SPECIFY) ASSISTANT	D (ENTER NATURE OF INJURY IN ITEM 18 P. CITY OR TOWN In, Inquiry, and Undetermined manner	YES 🔀 NO 🗍

20M 4/82

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FOR

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

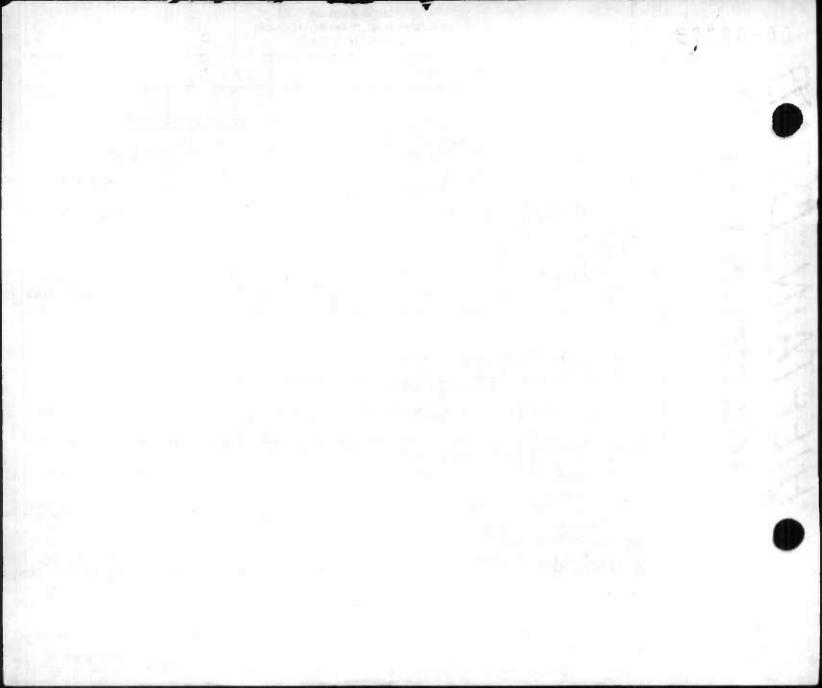
- STATE REGISTRAR			CERTIF	ICATE OF DEATH	8 B	1 4	9 1 7
1. DECEASED NAME FIRST (TYPE OR PRINT) S.T.		JAMIN LAB		AST	MAY 6 198		26 HOUR P 5:25
-		JAMILIN LAM		25.010711			M
3. SEX	4. RACE		5. DATE (DAY YEAR	6 AGE (IN YEARS LAST BIRT	MONTHS	TYEAR IF UNDER 24 HRS
MALE	CAUCA		JAN	UARY 24 1918	68	YRS	
70. BIRTHPLACE (STATE OR FOREIGN COUNTRY)	76 CITIZEN OF	WHAT COUNTRY?	MARRIE	D NEVER MARRIED	9 BALTIMORE CITY O	R COUNTY OF DEA	ан
LOUISANA		STATES	WIDOWE		MONTGOMER		MD
10 CITY OR TOWN OF DEATH		HOSPITAL, NURSIN		DR OTHER INSTITUTION	12a USUAL OCCUPATION		CIND OF BUSINESS OR
BETHESDA	P	NAVAL HO		L	RETIRED		.S.A.F.
USUAL RESIDENCE (IF NURSING HOME O 130 STATE 131 COUL VIRGINIA FAIR	NTY	GIVE RESIDENCE BEFORE 13c. CITY OR TOW VIENNA		13d. INSIDE CITY LIMITS? YES NO	13e.STREET ADDRESS / 10190 CEDA		IVE 22180
14. FATHER'S NAME	WIDDLE	LAST		15 MOTHER'S MAIDEN NA	ME MIDDLE		LAST
LOUIS LABE	MIDDLE	LASI		CARR	IE HILLER		LASI
160 WAS DECEASED EVER IN U.S. AF	RMED FORCES?	166 SOCIAL SECU	RITY NO.	17 INFORMANT	ADDRE	SS	
YES 1936	-1965	433-03-	4344	MARGARET H.	LABE, 10190	CEDAR PON	D DRIVE,
Conditions, if ony, which gove rise to immediate couse (a), stating the underlying cause last PART 2. OTHER SIGNIFICANT 19a DATE OF OPERATION 71a. ACCIDENT WAS UNDERLYING [(c) CONDITIONS <u>C</u> (DEATH BUT	NOT RELATED TO THE TERM	NINAL DISEASE OR CONE	20b. IF YES, WERE	
ET .				1	YES NO X	YES 🗌	NO 🗌
	ATH HOUR A.	M. MONTH DA	AY YEAR	21c. HOW INJURY OCCUR	RED (ENTER NATURE OF INJUR	ty IN ITEM 18 PART 1 OR P	ART 2)
OR CONTRIBUTING CAUSE OF DE (IF EITMER, NOTIFY MEDICAL EXAMINE 21d. INJURY OCCURRED WHILE AT WORK AT WORK AT WORK	21e PLACE (AT HOME ST	OF INJURY REET, FACTORY, OFFICE, F	ARM, ETC }	211. LOCATION STREET	CITY OF TO	wn cou	NTY STATE
220.1 certify that (1) (this hosp saw the deceased alive or above, (1) (we) (did) (did no	MA'	Y 6 198	MA 6	Y 3 19 86 nd that in (my) (aur) apinian	, to <u>MAY 6</u> death accurred on the da	19 <u>86</u> , 19 <u>86</u> Ite and have and Iro	
22b. SIGNATURE	M				MEDICAL STAF	F IAN	7 May 86
J. M. GUINEE		MC, USNR		NATIONAL CAP			ICAL COMMAN A,MD 20814
230 BURIAL, CREMATION, REMOVAI (SPECIFY) Burial	236 DATE 5/8/8			EMETERY OR CREMATORY Mem. Park	23d. LOCATION CITYORTOWN Fair		Va.

DHMH -16 60M 7/84 (VRA 15, 4)

TO HOSPITAL OR ATTENDING PHYSICIAN: The fow retained by the hospital or attending physician.

Murphy Funeral Home/4510 Wilson Blvd. Arlington, VA

Julia Davidson-Rondoll



FOR STATE REGIST	RAR			DEPARTA	MENT OF H	E OF MARYLAND EALTH AND MENTAL HYG ICATE OF DEATH	IENE 8 6	NO.	4 9	2	0
DECEASED 1		Wil-	Fred	MIDDLE	1	lwrie	20. DATE OF DEATH	5 / T	7 86	26 HOUR	/AM
S. SEX					5. DATE OF BIRTH MONTH DAY YEAR 7 14 06			YRS	FUNDER 1 YEAR	IF UNDER ?	4 HRS MIN.
SCOT	E (STATE OR F	OREIGN	BRITI		MARRIEI WIDOWE	D DIVORCED	9. BALTIMORE CITY MONTGO	MERY			MD.
TAKOMA	PARK		WASHING	TON ADVE	NTIST	HOSPITAL	120 USUAL OCCUP (TYPE OF WORK FOR MO ADMINIST	ST OF WORKING LIFE		D BA	
USUAL RESIDE 130 STATE MARYLA	ND	13b. COUN MONT		130 CITY OR TOW	N	13d INSIDE CITY LIMITS? YES NOX		S / ZIP CODE	RD	2091	0
GEC	FATHER'S NAME FIRST GEORGE			LAWRIE				ME MIDDLE			S
(YES, NO OR			MED FORCES? E WAR OR DATES)	219-86-		DOROTHY LAWF		SAME AS			
Conditi	ians, if ony, rise to imr (a), statin	MAS CAUSE IMMEDIAT which mediate ig the	D BY: E CAUSE (a) DUE TO, O	R APA CONSEQUE	NCE OF	Juve	e luis	dz	BETWEEN	MATE INTERV ONSET AND C	ÉÀTH
NOL	OTHER SIGN	200	rang	avte	7	NOT RELATED TO THE TERM OF SEASE N WAS PERFORMED	100 AUTOPSY?	IN CERTIFY	WERE FINDING CAUSES	NGS USED	
OR CONT	RIBUTING CER NOTIFY MEDI-	CAUSE OF DEA	HOUR A. P. 21e. PLACE	M. MONTH DA	19	211. LOCATION SIREET	RED (ENTER NATURE OF	-	COUNTY		ATE
sow	rtify that (1)	(this hospi	6-1	atter death.	,	nd that ((my))our) apinion DEGREE ATTENDING PHYSICIAN		TAFF			

shauld be detached for use as the burial-transit permit. Then pleas with the State Dept. of Health and Mental Hygiene prior to burial, IMPORTANT: If Item 21 is morked or TO FUNERAL DIRECTOR. CREMATION

22d. PHYSICIAN'S NAME (TYPE OF PRINT)

23¢ NAME OF CEMETERY OR CREMATORY

NEW HAMPSHIRE AVE., SILVER SPRING, MD. 23d LOCATION

230 BURIAL, CREMATION, REMOVAL 5/18/86

CHARLES M. BENNER, M.D.

METROPOLITAN CREMATORY

22e ADDRESS

11161

ALEXANDRIA, VIRGINIA

DHMH - 16 60M 7/84 (VRA 15, 4)

RALDIRECTOR RICHARD RAPP, INC.
NAME 1804 T ST., N.W., WASHINGTON, D.C. 20009 24 FUNERAL DIRECTOR

250. DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE

MILES ...

THE SECTION OF THE PERSON

TO SEE PLOS VIC

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Luci marins

AMBERS

BP (VRA 15, 4)

DHMH - 16 60M 7/84

STATE OF MARYLAND

DAY

29

YEAR

IF UNDER I YEAR

INDUSTRY

COUNTY

22c DATE SIGNED

STATE

86

26 HOUR

9:00

12b. KIND OF BUSINESS OR

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

IF UNDER 24 HRS

00	- 0
A	4 may be
	re se executed within 24 haurs after death. Page 4 may be
021201	hours after
MARYLAND	ed within 24
LTIMORE,	be execut
01 W. PRESTON ST., BALTIMORE, MARYLAND 21201	(
OI W. PRES	that the

1				STATE OF	MARYLAND				
16	FOR STATE REGISTRAR		DEPARTA		TH AND MENTAL HYG TE OF DEATH	IENE 8 6	10.	4 9	2 2
	ECEASED NAME	FIRST	MIDDLE	LAST		20 DATE OF DEATH	MONTH DAY		b HOUR
3		WILLIAM H	• LEAHY			MAY 12 19	186	7	7:30A M
3 S	EX	4 RACE		5. DATE OF BIR		6 AGE (IN YEARS LAST BI	RTHDAY) IF UN		F UNDER 24 HRS
	MALE	CAU	CASIAN	Oct.	28, 1904	81	YRS	NS DATS	OURS MIN
	BIRTHPLACE (STATE OR	OREIGN 76 CITIZET	OF WHAT COUNTRY?	8.	NEVER MARRIED	9 BALTIMORE CITY		DEATH,	
	California	US.	A	WIDOWED	DIVORCED [Montgom	erv		MD.
10.	CITY OR TOWN OF DEA	TH 1. NAM	OF HOSPITAL, NURSIN	IG HOME OR OT		120 USUAL OCCUPAT	ION 17		BUSINESS OR
10.1 L ₁	Chevy Chas		6 Summerfie			Ret - Rea	r Adm.	NDUSTRY US Na	avy
US		ING HOLL OTHER INSTIT	UTION, GIVE RESIDENCE BEFORE	ADMISSION)	NICIOS CITVANAISCO				
130	MD	Montg.	Chevy C	10-1	INSIDE CITY LIMITS?	136.STREET ADDRESS	rfield F	201.120	315
14.	ATHER'S NAME		Citevy		NOTHER'S MAIDEN NA	ME			
	William	D.	Leahy		Louise .	Tenn	ant	Harri	ngton
160	WAS DECEASED EVER	IN U.S. ARMED FORCE	ES? 166 SOCIAL SECU	RITY NO. 17 I	NFORMANT		Esphornap		
	(YES, NO OR UNKNOWN)	1922-1960	212-38-6	5764	Robert B. I				
	18 CAUSE OF DEAT		se per line far (a), (b), and				T		TE INTERVAL SET AND DEATH
	PART I. DEATH W	AS CAUSED BY:	CADDTO D		ARREST			BETWEENON	SET AND DEATH
Ę			O. OR AS A CONSEQUE				Maria		
E X ST	Canditians, if any		O, OR AS A CONSEQUE	ENCE OF			0.00		
	gave rise ta imi cause (a), statir	nediate	O OR AS A CONSTOUR	NCT OF					
3	underlying cause		O, OR AS A CONSEOUE	INCE OF					
2	PART 2 OTHER SIGN	VIFICANT CONDITION	VS CONTRIBUTING TO D	DEATH BUT NOT	RELATED TO THE TERM	INAL DISEASE OR CON	DITION GIVEN I	N PART Ira	
N O	. 5								
S IS	19e DATE OF OPERA	TION 19b. C	ONDITION FOR WHICH	OPERATION WA	AS PERFORMED	20e AUTOPSY?	20b. IF YES, WE	RE FINDING	SUSED
CERTIFI						YES NO	YES [NO [
	210. ACCIDENT WAS UNI		ME OF INJURY IR A.M. MONTH DA	AY YEAR 21c	HOW INJURY OCCURE	RED (ENTER NATURE OF INJU	RY IN ITEM 18 PART 1	OR PART 2)	
MEDICAL	(IF EITHER NOTIFY MEDI	NOSE OF DEATH	P.M.	19					
MEDI	21d INJURY OCCUR		ACE OF INJURY ME STREET, FACTORY, OFFICE, F		LOCATION	CITY OR TO	OWN	COUNTY	STATE
2	AT WORK AT WO	III.E	are street, factors, office, f	ARM, CICI					
•		(this haspital) attend	ed the deceased fram_		RCH 19 86	, toAPRII	. 19	86, the	at (I) (we) last
24	saw the decease abave, (1) (we) (d alive an		86 , and the	at in (my) (aur) apinian e	death accurred an the d	ate and have and	fram the car	uses stated
	SIGNATURE	106		DEGR				22c. DATE SK	GNED
3	Den	Down &	M		ATTENDING PHYSICIAN	MEDICAL STA	FF CIAN [12 Ma	288
1	224 PHYSICIAN'S NA	AME (TYPE OR PRINT)		22e		HOSPITAL,			
	DAVID C	OOK, MD, L	T. USN	N	NATIONAL CA				
230	BURIAL CREMATION	REMOVAL 23b. DA	TE 23c P	NAME OF CEMET	ERY OR CREMATORY	23d. LOCATION			
	(SPECIFY) Burial	5/	15/86 A	rlington	National (Cem - CITY OR TOWN	ington .	AYY.	STATE

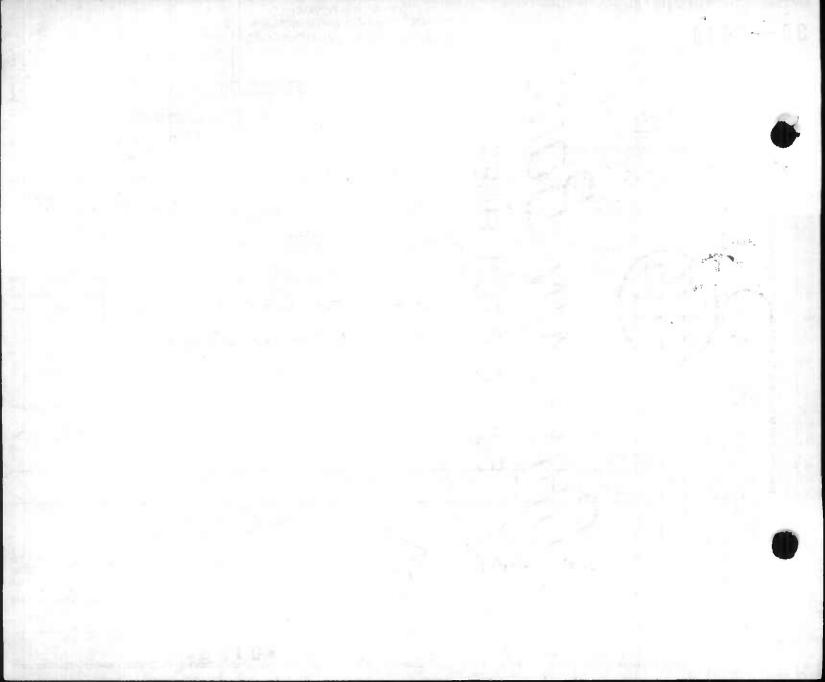
DHMH - 16 60M 7/84 (VRA 15, 4)

74 FUNERAL DIRECTOR Joseph Gawler's Sons, Inc. 5130 Wisconsin Ave, NW, Washington, D.C. 20016

250 DATE RECID. BY REGISTRAR 256. REGISTRAR'S SIGNATURE MAY 16 1986 Julia Juliana R

With all the rate with a day of the an far a Mentile Town to the Company of the C Togothing the second second second to the later and the second se I are also and instally time, then parely the same

00-	06999	1-	FOR STATE REGISTRAR		MED	DEPARTMENT OF HEALTH AND MENTAL HYGIENE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REG. NO.						
	関係を設定		CEASED NAME E OR PRINT)	Kun	Sı	niodie ik	Lee	9	20 DATE KNO	WN MONTH	DAY YEAR	26 HOUR
	NAY PLEA DIRECTO COUR FILE ON STREE		ale K	orean	DATE OF BIRTH	YEAR 6 AGE (IN Y LAST BIRTHI	MONTHS DAYS	R. IF UNDER 24 HRS	PRONOUNCED DE AD	MONTE	19 187	24 HOJUR
	NAMES OF THE PARTY	FC	RTHPLACE (STATE Korea		USA		WIDOWED [DIVORCED	M		omer	MD.
18	PAGE PAGE PAGE PAGE PAGE PAGE PAGE PAGE		L RESIDENCE LIFT	Carl	(IF NOT IN SUCH FAC	PITAL, NURSING HOM	31 11 -	FC	SUAL OCCUPATION MOST OF WORKING L	IFE)	Employ	
. 21201	P ANY E AND 3 RETAIN COULD CHECKING	13a S	TATE M.	13b COUNTY	1 My	RESIDENCE BEFORE ADMISS	YES _	NO V	TREET ADDRESS	Sth	2990	世
ORE, MD	DEATH OF THE PARTY		Sung	Soc		Lee	Ky	HER'S MAIDEN NAA FIRST YUNG	Yi		Lee	
BALTIM	S AFTER GIVE PA ITH FOR PAGES I	{Y	VAS DECEASED EN ES, NO, OR UNKNOWN) None	(IF YES, GIVE WA	AR OR DATES)	220 88	1699	Bok Le) Same		
ON ST.	SAL DANS		PART I DEATH	EATH (Enter anly I WAS CAUSED I IMMEDIATE	CAUSE (o)	Mata	static	Car	ciños	nz	APPROXIMA BETWEEN ONS	TE INTERVAL
W. PRESS	MINER ALO MINER ALO MINER ALO MINER ALO INTAL HYGH	6	gave rise cause (a) sto	if any, which ta immediate ting the under-	(b)(AS À CONSEQUENCE	14000 m	rs at	Min	rach		
NDS, 201	EXECUTE NG" IN F CAL EXA BURIAL AATION,		lying cause I		(c)	UT NOT RELATED TO THE TER	MINAL DISEASE OR CONDIT	TON GIVEN IN PART 1 to				
AL RECORDS	OUD BE F MEDIO SED AS A SED AS A CREATE	CERTIFICATION	190. DATE OF OP	ERATION	19b. CONDITI	ON FOR WHICH OPE	RATION WAS PERFO	DRMED?			20 AUTOPS	Y?
DIVISION OF VITAL	CATE SHO HE WORD THE CHIE ULD BE US TWENT OF	A CERTIF	21a. EXTERNAL C	OR		INJURY MONTH DAY YEA	21c HOW INJUR	RY OCCURRED LENIE	R NATURE OF INJURY IN	ITEM 18 PART 1 OR PAR	YES 🗌	NOTE
DIVISION	R: THIS CERTIFICATE SH. TE, WRITING THE OPEN RWARDED TO THE CH. R: PAGE 3 SHOULD BE. E STATT DEBARTMELL D: 21201 PRIOR TO HIR	MEDICAL	21d INJURY OCC	CAUSE OF DE URRED OT WHILE	21e PLACE O	19 FINJURY (ATHOME, DRY, FARM, ETC.)	211 LOCATION STREET		CITY OR TOWN	COL	INTY	STATE
	聖 ろとうエス			not I took charge		ribed obave, held an	Autopsy .	Inspection .	Inquiry .	and in my op	inian	
•	MEDICAL EXAMINER: CUTE THE CERTIFICATE, SE 4 SHOULD BE FORW FUNERAL DIRECTOR: ER DEATH, WITH THE SE COE, MARYLAND.		ACTUAL SIGNATURE	2	CA	Accident		(SPECIFY)	etermined monner	DATE	1241	C192x
	TO MEDICA EXECUTE THE PAGE 4 SH TO FUNERA AFTER DEAT BALL	-	EXAMINER'S INA	ME Jol	hn G. Ro	gers,MD	ADDRESS	0	Seminar		/ ")
07/84		(5	JRIAL, CREMATION PECIFY) Burial		5/22/86	Maryland	METERY OR CREMA	tery L	OCATION TY OR TOWN aurel	PG	Md.	STATE
25M	DHMH - 17 (VR A15 ME (5))		ines/Ri			New Hamp Spring,		250. DATE REC'D. I	BY REGISTRAR 251	REGISTRAR'S S	GNATURE	

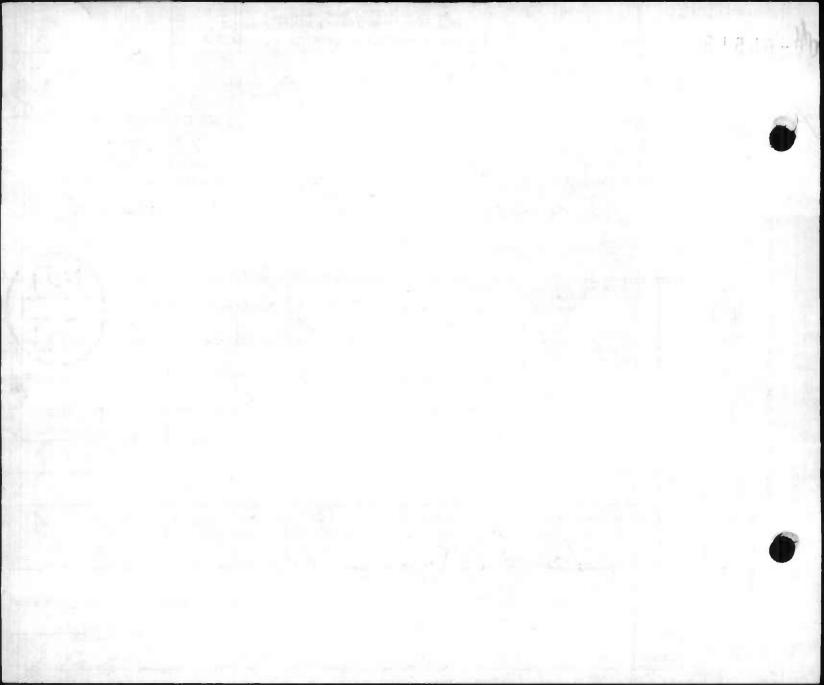


FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE 1 - STATE REGISTRAR DECEASED NAME 20. DATE KNOWN PO MONTH CHANG DE MEINLD DEATH MATED 6. AGE (IN YEARS IF UNDER 1 YR IF UNDER 24 HRS DATE PRONOUNCED DEAD 70 BIRTHPLACE ISTATE OR 9. BALTIMORE CITY OR COUNTY OF DEATH NEVER MARRIED MARRIED FOREIGN COUNTRY) Wisc TOWN OF DEATH 11. NAME OF HOSPITAL NURSING HOME, OR OTHER INSTITUTION OR INDUSTRY FOR MOST OF WORKING LIFE Own Hm Housewife FATHER'S NAME IS MOTHER'S MAIDEN NAME exist. MIDDLE LAST Isadore Greenberg Levin Jenny 17. INFORMANT ADDRESS 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 166. SOCIAL SECURITY NO. (YES, NO, OR UNKNOWN) VA. 23236 213 46 9766 Jonathan Levin: 1401 Cauthan Ct. Richmond 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). APPROXIMATE INTERVAL PART I DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a). DUE TO, OR AS A CONSEQUENCE OF Canditians, if any, which gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 10 198 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED? 28 AUTOPSY? RWARDED TO THE CONTROL PAGE 3 SHOULD BE U YES 21a EXTERNAL CAUSE WAS 216. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM TO PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR OR UNDERLYING CONTRIBUTING CAUSE OF DEATH 21d. INJURY OCCURRED 21e PLACE OF INJURY (AT HOME, 211 LOCATION AT WORK NOT WHILE STREET, FACTORY, FARM, ETC.) CITY OR TOWN COUNTY STATE PAGE 4 SHOULD BE FOR TO FUNERAL DIRECTOR: AFTER DEATH, WITH THE S 220. I certify that I taak charge of the remains described above, held an Inspection Autopsy Inquiry and in my apinian death resulted fram: Hamicide Undetermined manner Natural causes Accident Suicide TITLE (SPECIFY) ACTUAL SIGNATURE EXAMPLES NAME (TYPE OF PRINT) 230 BURIAL, CREMATION, REMOVAL 236, DATE 23d LOCATION 23c. NAME OF CEMETERY OR CREMATORY Burial May 27 1986 King David Mem'l Park 07/84 Falls Church, Virginia 24. FUNERAL DIRECTOR BY REGISTRAR, 256 REGISTRAR'S SIGNATURE **DHMH - 17**

Ives-Pearson Funeral Homes, Falls Church, Va

(VR A15 ME (5))

STATE OF MARYLAND



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	OR ATTENDING PHYSICIAN: The law requires that the death contricte be executed within 24 haurs after death. Page 4 ma

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hysician and completely filled in by the funeral director, page 3 papers. Pages 1, and 2 should be filed within 72 hours after death

costalicate be executed within 24 haurs after death. Page 4 may be

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

6 REG. NO.	1	4	7	2	5
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Julia Davidon Randalles

	1-	FOR STATE REGISTRAR			DEPARTA		ICATE OF DEATH	YGIENE	6 REG. NO		4	9	2 9	3
		CEASED NAME	FIRST	-	MIDDLE	i	AST	2a DA		MONTH	DAY	YEAR	26 HOU	R
	(TYPE	ORPRINT) MAD	RIDA	,	-	LE	VITAN	7		5	22.	86	6:5	20. M
1	3. SEX	14101	4. F	ACE		5. DATE C	OF 8IRTH	6 AGE	(IN YEARS LAST BIRT	HDAY)		RIYEAR	IF UNDER	
		MALE		NHI	TE	APR.	IL 13, 1924		62	YRS.	MONTHS	DAYS	HOURS	MIN.
7		RTHPLACE (STATE OR		CITIZEN OF	WHAT COUNTRY?	8.	NEVER MARRIED	9 BALT	IMORE CITY O	R COUNT	Y OF DE	ATH		J. Com
f	WA	SHINGTON,	DC	US	A	WIDOWE			MONT	GOI	NE	RY	1	MD.
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7	130 S MA		13b COUNTY MONTG		ROCKVTL		13d. INSIDE CITY LIMITS?		EET ADDRESS /			0852 TOW		AD_
	14 FA	THER'S NAME FIRST	MIDS	DLE	LAST		15 MOTHER'S MAIDEN N	NAME	MIDDLE			LAS	ī	
	BARNUM A. LEVITAN						RENA	D	DANNHEISER					
		(AS DECE ASED EVER (S) NO OR UNKNOWN)	WWGIT	O FORCES? AR OR DATES)	579-26-		17. INFORMANT LAURENCE	LEVIT	AN, BETH) ^S ROC (ESDA	KLET MA	RYL.	DRI VE AND	=
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		Candinian if		DUE TO, O	RAS A CONSEQUE	NCE OF					3.7			
		Conditions, if any, gove rise to imm cause (a), statin	mediate	(p)		1340				2797				
g	49	underlying cause		(c)	r as a conseque	NCE OF								
A-	NO	PART 2. OTHER SIGN	VIFICANT CON	IDITIONS <u>C</u>	ONTRIBUTING TO D	EATH BUT	NOT RELATED TO THE TE	RMINAL DI	SE ASE OR CONE	DITION GI	IVEN IN I	PART 1:	a	
	CERTIFICATION	190 DATE OF OPERA	TION	19b. COND	TION FOR WHICH	HICH OPERATION WAS PERFORMED			206 AUTOPSY? YES NO YES YES YES TO Y					
1		210. ACCIDENT WAS UND	CAUSE OF DEATH	21b. TIME O HOUR A.	M. MONTH DA		21¢ HOW INJURY OCCU	URRED (EN	TER NATURE OF INJUR	Y IN ITEM 18	PART I OR	PART 2)		
-	MEDICAL	(IF EITHER NOTIFY MEDI-		P. 21e PLACE		19	211 LOCATION						-	
	ME	WHILE NOT WE	THE C		EET, FACTORY, OFFICE, F	ARM, ETC)	STREET	STREET CITY OR TOWN				UNTY	5	TATE
	51	220.1 certify that (1) saw the decease abave, (1) (we) (c				۲ ٤ , ar	4/20, 19_10 ad that in (my) (aur) apinio	on death oc		ite and ho			that (v	
	84	abave, (1) (we) (c	did) ((id no/) vi	ew the body	after death.		DEGREE						SIGNED	
	ő	h	(Cha	_		Is E	ATTENDING PHYSICIAN	MEDI	CAL STAF				23 lr	~
	7	22d. PHYSICIAN 5 No	ME (TYPE OR PR	mu)			22e. ADDRESS	,			0 1	1.1		,
	22 0	7=4	Wein		~ D	11115 05 0	4701		Jolph R	1	Rock	الارع	e, h.	1
	BU	URIAL, CREMATION, IRTAL		5/25/1	986 Jui	DEAN I	MEMORIAL GAR							ÄND
		NEALD IRMITORS 7						MAY	9 1006	47	Javid David		URE	
	125	2 CARROLL	SIKEEL	. N. U	WASHI	NO I UN	, 0	-	1000	a word	- PANA	Carlo	Mande.	Marie I

232 CARROLL STREET, N. W., WASHINGTON, D. C.

DHMH - 16 60M 7/84 (VRA 15, 4)

TO FUNERAL DIRECTOR: After this certificate has been signed by should be detached for use as the bunal-transit permit. Then p with the State Dept. of Health and Mental Hygiene prior to but IMPORTANT: If Item 21 is marked or Item 18 shows any

retained by the haspital ar attending physician

BP

00-09179

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE.

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CNO					

Gulia Davidson Pandalle

	1-	STATE REGISTRAR	DEI ARTH	CERTIF	CATE OF DE	ATH	REG. NO).	1 7 2	6
-		CEASED NAME FIRST	WIDDLE	L	AST /		20. DATE OF DEATH	MONTH DA	AY YEAR 2	HOUR
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	3 SEX		4. RACE	5. DATE O		YEAR	AGE (IN YEARS LAST BIRT			FUNDER 24 HRS
		Male	White	12	8	05	80 Yrs	YRS.		
/		RTHPLACE STATE OF FOREIGN	76 CITIZEN OF WHAT COUNTRY?	8. MARRIET	D NEVER MA	RRIED -	BALTIMORE CITY O	R COUNTY	OF DEATH	
	A 6	ISCONSIN	us. A.	WIDOWE		RCED	MONTE	20mi	ERY	MD.
7		TY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURSIN		R OTHER INSTIT		120 USUAL OCCUPATION	ON WORKING LIEE!	126. KIND OF	The second
2	SI	LYER SPRING	HOLY CK	055	Hospit	al	Accountant-	-Teach	er Pri	ivate
1	13a. S		other institution, give residence before ITY IZC. CITY OR TOW SILVET S		13d. INSIDE CITY	LIMITS?	11200 Locku	ZIP CODE	rive, A	ot. 519
	14. FA	THER'S NAME			15 MOTHER'S A	AAIDEN NAM				
		Israel	MIDDLE Levi	tt	Pa	uline	MIDDLE	(Unknown	
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	14	ES, NO OR UNKNOWN) (# YES, GIV	206-20-0	761	Judith	L. Wa	eters 13816	sille	Md. 20	853
d			ly one couse per line far (a), (b), on	d (c),)					APPROXIMA BETWEEN ON	SET AND DEATH
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			DUE TO, OR AS A CONSEQUE	ENCE OF						
		Conditions, if ony, which	((b)						1	
H		gove rise to immediate couse (a), stating the	DUE TO, OR AS A CONSEQUE	ENCE OF						
		underlying couse lost.	(c)							
	NO	PART 2 OTHER SIGNIFICANT CONDITIONS <u>CONTRIBUTING TO DEATH</u> BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVE								
1	CERTIFICATION	190 DATE OF OPERATION	196 CONDITION FOR WHICH	OPERATIO	N WAS PERFOR	MED	200 AUTOPSY?		WERE FINDING	
2	TIFE						YES NO	YES		NO 🗌
7	CER	210. ACCIDENT WAS UNDERLYING	216. TIME OF INJURY HOUR A.M. MONTH DA	AV YEAD	21c HOW INJU	JRY OCCURRE	D (ENTER NATURE OF INJUR	Y IN ITEM TO PA	RT (OR PART 2)	
1	CAL	OR CONTRIBUTING CAUSE OF DEA	(III	19						
	MEDICAL	214 INJURY OCCURRED	21e. PLACE OF INJURY (AT HOME, STREET, EACTORY, OFFICE, F	ARM FICT	211 LOCATION		CITY OR TO	WN	COUNTY	STATE
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			tol) ottended the deceased from_	as p	11925	19 06	to may	30		ot (I) (yet lost
			it) view the body affectedth.	- / -		opinion d	eoth occurred on the do	ite and hour		
		22b. SIGNATURE	1-1 1		DEGREE	TENDING A	MEDICAL STAF	F	22c. DATE SI	
		11/1	Myria.		PH	IYSICIAN Z	QIRECTOR PHYSIC		5/31	/1986
1	6	224 PHYSICIAN'S NAME (14PE C	RPRINT)	12	22e ADDRESS	11161.	NEW HAM	25/11/	E ME	NVE
		JERUMES	, I CHNAM, C	41)		516	VER SFI	un6	, 11/1	2984
		BURIAL, CREMATION, REMOVAL SPECIFY BURIAL	23b DATE 6/1/1986 Ha	Lym So	EMETERY OR CR ROMON MO	ematory 2m. Par	rk city of lown	r,	Penns	ylvania
	23	NATODIMCTOSTEIN H	FBREW MEMORIALITY	IGYERA,	D. C.	25a. DATE	REC'D. BY REGISTRAR	256 REGISTR		₹E

DHMH - 16 60M 7/84 (VRA 15, 4)

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AND 212	in 24 hour	filled in hould be	13a. S May		INTY 13c. CITY	nce before admission) OR TOWN hersburg	13d. INSIDE CITY LIMITS? YES NO 🗌	11300 D	unleith	Place	20878
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IIMORI	pe exec	S. Poges		YES, NO OR UNKNOWN) (IF YES, GI	IVE WAR OR DATES)	36-8471	Kung-Mei Li		e as 13		
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	require	Then por to bu	NOIL	Chrome Obs	tructive P	ulmonom	Disease	Cor Pulm	onak.		
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DHMH - 16 50M 4/B2

(VRA 15, 4)

24. FUNERAL DIRECTOR Francis J. Collins, Jr. Silver Spring. 500 University B lvd.

230. BURIAL, CREMATION, REMOVAL (SPECIFY)
Burial

231. NAME OF CEMETERY OR CREMATORY

23d. LOCATION

June 5.1986 Gate of Heaven Cometery Silver Spring Montgomery Md. is J. Collings Ir.

250. DATE REC'D. BY REGISTRAR'S SIGNATURE OF Md.

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SIWER SPRING, MD

FUNERAL HOME

DHMH - 16 60M 7/84

(VRA 15, 4)

STATE OF MARYLAND

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DINE IS	10. C	ITY OR TOWN	OF DEATH	11. NAME OF HOS	PITAL, NURSI	NG HOME,	OR OTHE	R INSTITU	TION		L OCCUP		PE OF WORK	126 KIND O OR IND	F BUSINESS USTRY	
AE A HOW		Chevy C		4701 Wi	4701 Willard Ave. Psychiatrist							;	Self-emp.			
IZA HOURS AFTER DEATH. IF ANY DEATH, IF ANY DEATH, ITEM 18. GIVE PAGES 1, 2, RETAIN PRINGS WITH FORM, PM. 3. RETAIN PRINGS IN AND 2 SHOULD BE FERMIT. PAGES 1 AND 2 SHOULD BE FORM. DAVISION OF WITAL REGORDS.		AL RESIDENCE STATE	THE COUN	OR OTHER INSTITUTION, GIV NTY	13c. CITY OF					13e STREE	8 Day	s venpo	rt St	,NW/20	8000	
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FAZ PA		Alfred		Hartley		Lofft			Elizabeth ——					Gordon		
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ZUTELA		death result	ed fram: Natu	ural causes ,	Accident], Suici	de .	Homic	ode .	Undeter	mined mar		,			
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EDIC JTE T JNE S NOR MOR		EXAMINER'S	NAME Ann	M. Dixon	M D				111	Donr	C+	Ral	to.,	MD 2	1201	
TO MEDICAL EXAMILE EXECUTE THE CERTIFIED PAGE 4 SHOULD BE TO FUNERAL DIRECT PATTER DEATH, WITH BATTIMORE, MARYLU	40	(TYPE OR PRI	NI)					ADDRESS_				, 1001		. ID 2.	1201	
/ T. V /	23a. B	Crema Crema	TION, REMOVAL	5/19/86		Comf				23d. LOC	lexar	ndri e	VA COU	NTY	STATE	
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8, 1986

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DHMH - 16 60M 7/84

(VRA 15, 4)

DECEASED NAME

FIRST

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

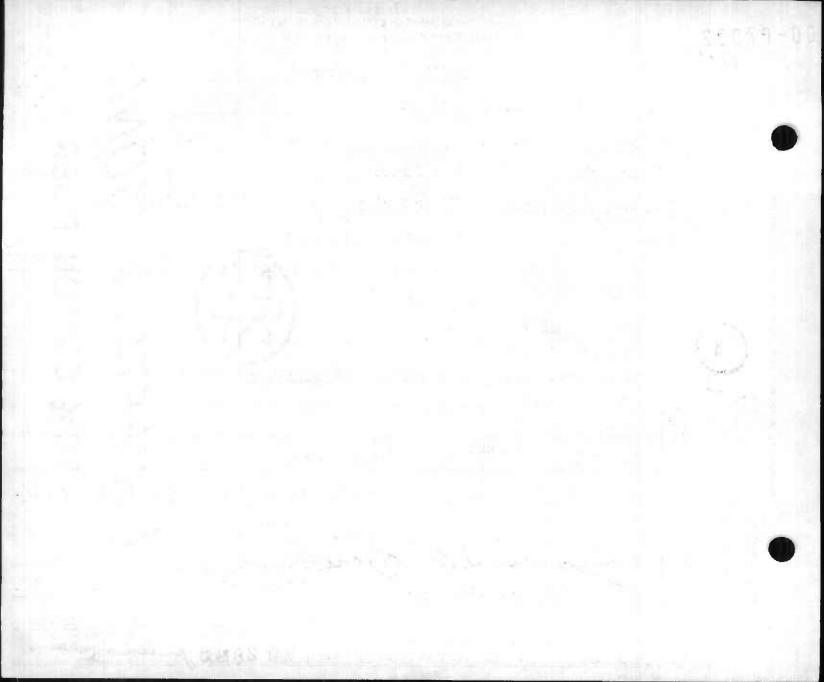
CERTIFICATE OF DEATH

County 120 USUAL OCCUPATION 126, KIND OF BUSINESS OF THE 12 SO A PLOST OF WORKING LIFE) INDUSTRY USS Administrator Government 20814 13e STREET ADDRESS / ZIP CODE 4701 North Chelsea Lane LeClerc Catherine C. Longpre, same as #13 206 IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? and that in (my) aur) apinion death accurred on the date and hour and from the causes stated PHYSICIAN DIRECTOR PHYSICIAN 11125 hockville like, fockville, Mol 20852 Silver Spring, Maryland Gate of Heaven 24 FUNERAL DIRECTOR Robert A. Pumphrey Funeral Home \$50 DATE REC'D. BY REGISTRAR 256 REGISTRAR SIGNATURE 7557 Wisconsin Ave. Bethesda, MD 20814 PA

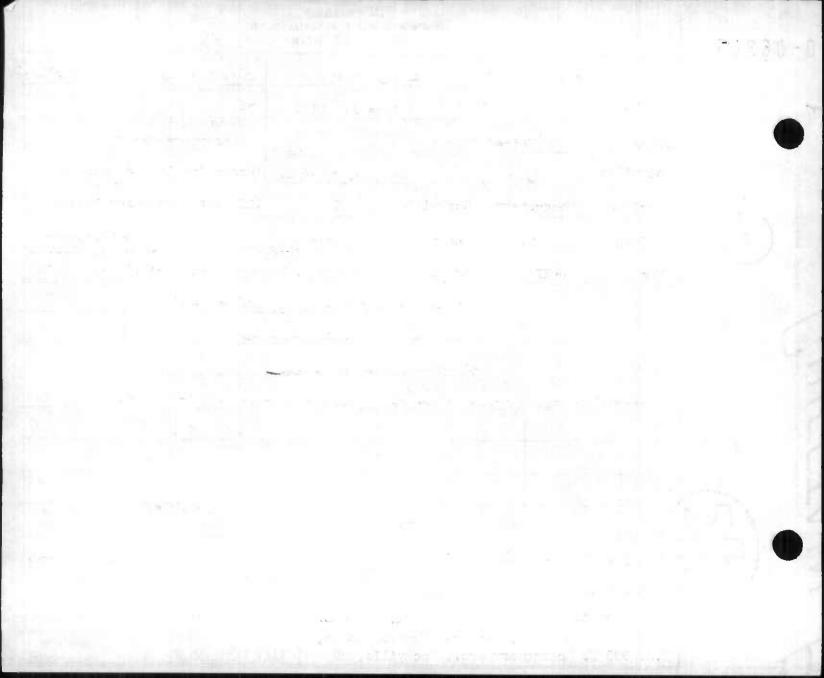
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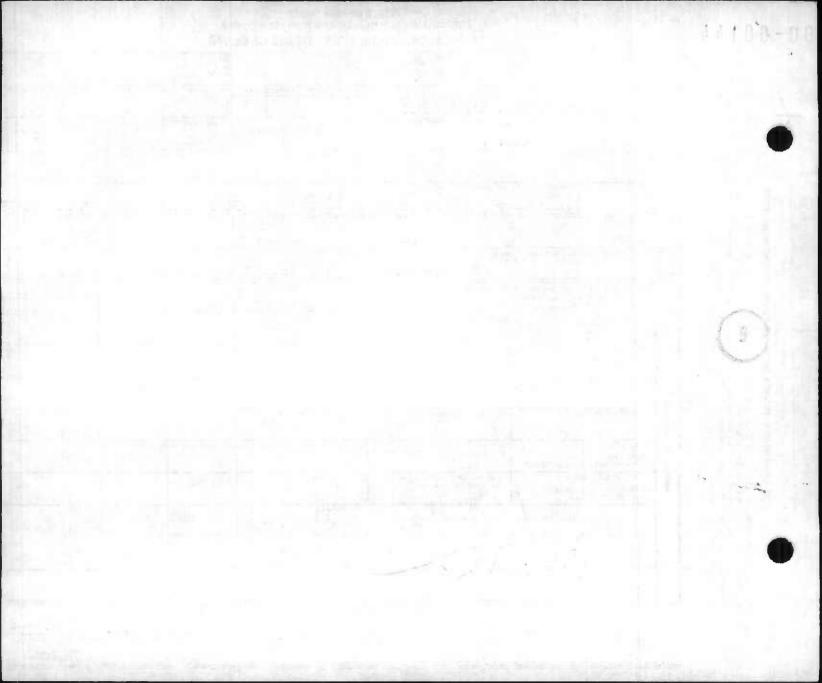
20 DATE OF DEATH MONTH



						OF MARYLAND					
5	1-	FOR STATE REGISTRAR		DEPARTA	CERTIF	EALTH AND MENTAL	Ö	6 REG. NO.	14	4	3 2
2 death		CEASED NAME	FIRST	MIDDLE	L	AST	2a. DATE	OF DEATH M	ONTH DAY	YEAR	26. HOUR / 2
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<	3. SE		4. RACE	,	MONTH	F BIRTH DAY YEAR		N YEARS LAST BIRTHE	MÔN	THS DAYS	IF UNDER 24 HRS HOURS MIN.
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medicol		VAS DECEASED EVER I	N U.S. ARMED FORC		JRITY NO.	17. INFORMANT (W					tgomery
1		es	WWII	218-22-0	313	Martha M.	Looper,	Ave.,	Rockvi		Maryland Maryland
S more recommend	CERTIFICATION	Canditions, if any, gave rise to imm cause (a), stating underlying cause PART 2. OTHER SIGN DATE OF OPERAT	which ediote the last. DUET	O, OR AS A CONSEQUI O, OR AS A CONSEQUI ON CONTRIBUTING TO I ONDITION FOR WHICH	ENCE OF DEATH BUT	/ Sick &	TERMINAL DISE.	ITOPSY?	TION GIVEN 20b. IF YES, WIN CERTIFYIN YES [/ERE FIND II	NGS USED
18 sho	E E	210. ACCIDENT WAS UND		ME OF INJURY	AM VEAD	21c. HOW INJURY OC			IN ITEM 18 PART	1 OR PART 2)	
Tem 7		OR CONTRIBUTING C.	AUSE OF DEATH	IR A.M. MONTH D.	AY YEAR						i
/	MEDICAL	21d. INJURY OCCURR WHILE NOT WHI AT WORK AT WO	ED 21e. Pt	ACE OF INJURY ME, STREET, FACTORY, OFFICE, F		211 LOCATION STREET	25	CITY OR TOWN	4	COUNTY	STATE
			this haspital) attend palive anid) (did nat) view the	ed the deceased fram		nd that in (my) (our) api	nion death accu	rred on the date	and hour ar	nd from the	
		Douglo-		easthe re		ATTENDIN PHYSICIA	DIRECTO	OR PHYSICIA		51	10186
IMPORTANT: #	1	22d. PHYSICIAN'S NA	R 5#	LMAKER,		220. ADDRESS 15 REXX	VILLE,		20t	PS O	E
-/		BURIAL, CREMATION, SPECIFY) Burial		, 1986 Pa	rklaw	emetery or cremato n Memorial	Park Ro			-	y Ma Tÿl an
4/B2	24. F	INERALDIRECTOR R. A. 300 W.	Robert A. Montgomer	Pumphrey Fu y Ave., Roc	neral kvill	e, MD	MAY 1 3		b. REGISTRA	R'S SIGNA	William



STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH DECEASED NAME 20. DATE KNOWN TO MONTH DAY YEAR (TYPE OR PRINT) DEATH MATED ANY DELAY IS NECESSARY, PIEASE AND 3 TO THE FUNERAL DIRECTOR. PETAIN PAGE 5 FOR YOUR FILES. COULD BE FILED, WITHIN 72 HOURS HORACIO 5-24-86 19 B. LOPEZ 4 RACE DATE OF BIRTH SEX & AGE (IN YEARS IF UNDER 24 HRS 2d HOUR DATE LAST BIRTHDAYL PRONOUNCED 22, Male Hispanic Aug. 1946 39 DEAD 5-24-86 19 -140 7b. CITIZEN OF WHAT COUNTRY? To BIRTHPLACE (STATE OR 9 BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED FOREIGN COUNTRY) Argentina U.S.A. WIDOWED DIVORCED Montgomery County ID CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) FOR MOST OF WORKING LIFE! OR INDUSTRY Laborer Construction Bethesda Suburban Hospital AND 13a. STATE 136 COUNTY 13d INSIDE CITY LIMITS? 13e STREET ADDRESS Maryland Montgomery Gaithersburg 25113 Hickory Ridge Lane 20879 14 FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE MIDDLE Salomes Angel Lopez Mesades 17 INFORMANT 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 16h SOCIAL SECURITY NO. ADDRESS (YES. NO. OR UNKNOWN) I (IF YES, GIVE WAR OR DATES) 577-02-5492 No Lucy Julia Lopez (Wife) Same as #13 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c),) APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY: IMMEDIATE CAUSE (0) Arteriosclerotic cardiovascular disease DUE TO OR AS A CONSEQUENCE OF Canditians, if any, which gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last EXECUTE THE CRRITIFICATE, WRITING THE WORD "PENDING" IN PAGE 4 SHOULD BE FORWARDED TO THE CHIEF MEDICAL EXATEMERAL DIRECTOR: PAGE 3 SHOULD BE USED AS A BURIAL THE STATE DEPARTMENT OF HEALTH AND ME BAILTIMORE, MARYLAND, 21201 PRIOR TO BURIAL, CREMATION, PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OF CONDITION GIVEN IN PART 1 to 1 CERTIFICATION 19a DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? YES S NO [71g EXTERNAL CAUSE WAS 216. TIME OF INJURY 21c. HOW INJURY OCCURRED LENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 21 HOUR A.M. MONTH DAY YEAR UNDERLYING OR CONTRIBUTING CAUSE OF DEATH 19 21e PLACE OF INJURY (AT HOME, 21f. LOCATION AT WORK NOT WHILE STREET, FACTORY, FARM, ETC.1 STREET CITY OR TOWN COUNTY STATE 22a I certify that I taak charge of the remains described above, held an and in my apinian Natural causes X death resulted fram Hamicide Accident Undetermined manner TITLE (SPECIFY) ACTUAL DATE 5-26-86 Assistant MEDICAL EXAMINER SIGNATURE EXAMINER'S NAME (TYPE OR PRINT) Ann M. Dixon, M.D. 111 Penn Street **ADDRESS** 23d. LOCATION 230. BURIAL, CREMATION, REMOVAL 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY COUNTY Maryland Fort Lincoln Cemetery Brentwood 1256. DATE REC'D. BY REGISTRAR'S SIGNATURE 5/29/86 Burial BP 07/84 25M Francis Gasch's Sons Funeral Home, P.A. **DHMH - 17** (VR A15 ME (5)) 4739 Baltimore Avenue Hyattsville, Md. 20781



SILVER SPRING, MD

CHAMBERS FUNERAL HOME

(VRA 15, 4)

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FOR

REGISTRAR 1. DECEASED NAME

- STATE

(TYPE OR PRINT)

DHMH - 16 60M 7/B4 (VRA 15, 4)

9 BALTIMORE CITY OR COUNTY OF DEATH Montgomery 12ª USUAL OCCUPATION 12b, KIND OF BUSINESS OR (TYPE OF WHOLE COLMOST OF THOSKING LIFE) INDUSTRY 19310 Club House Road 20879 Gaithersburg, Md. 2 APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH OF COLON-DIVERTICULTIS. PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 70h IF YES. WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? (ENTER NATURE OF INJURY IN ITEM 18 PART I OR PART 2) COUNTY and that in (my) (our) opinion death occurred on the date and hour and from the causes stated 22c. DATE SIGNED PHYSICIAN DIRECTOR PHYSICIAN Bel PRE RUAD, WHEATON Mol 20906 230. BURIAL, CREMATION, REMOVAL 236 DATE
7) Cremation May 3 Clinton LeeCrematory P.G. Maryland FLIMERAL DIRECTO 250. DATE REC'D. BY REGISTRAR 25b. REGISTRAR'S SIGNATURE

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

20 DATE OF DEATH MONTH

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IF UNDER 24 HRS

IF UNDER 1 YEAR

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		STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE	
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	PLEAS HECTOR R FILES STREET	S. SEX 4. RACE S. DATE OF BIRTH 6. AGE (IN YEARS IF UNDER 1 YR. IF UNDER 24 HRS. 2). DATE MONTH	DAY YEAR 2d HOUR
	ARY, PLEASE LI DIRECTOR. YOUR FILES N 72 HOURS JON STREET,	MONTH DAY YEAR LAST BIRTHDAY) MONTHS DAYS HOURS MIN PRONOUNCED 5	10 86 175
5	ALCAN	BIRTHPLACE (STATE OR 176. CITIZEN OF WHAT COUNTRY? 12	
o C	SAN	Pa. Montgomery Widowed Divorced Divorced Montgom	
	AV IS THE FI	III. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 120. USUAL OCCUPATION (TYPE OF WORK	
	ACA HA	Rockville Shad Grove Adventist Hosp. Housewife	-
	NY DELA INT DELA INT PART PART PART PART PART PART PART PAR	SUAL RESIDENCE (IF IN MURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION)	11-11-1
	1 名名語の第二		VE (20877)
	D TONG	4. FATHER'S NAME	
	A See A		
	W NORW I	16e WAS DECEASED EVER IN U.S. ARMED FORCES? 16b SOCIAL SECURITY NO. 17. INFORMANT 1227 APPRESS 1.37	d St.
	BS AFT BS AFT BRITH F PAGE DRVISIC	No - 164-20-139/ Prudence Rice Gainesville.	Fla. 32605
	1. B	18 CAUSE OF DEATH (Enter only ane cause per line for (a), (b), and (c).)	APPROXIMATE INTERVAL
	NS HERE	PARTIDEATH WAS CAUSED BY: IMMEDIATE CAUSE (0) ACUTE MYOCARDIAL INFARCTION	9 DAYS
	STI N S ALC	DUE TO, OR AS A CONSEQUENCE OF	
	E SEAN SE	Conditions, if any, which gove rise to immediate (b)	
	OF THE	couse (o) stating the <u>under-</u> lying cause last. DUE TO, OR AS A CONSEQUENCE OF	
	TA YOU	(c)	
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	N S S S S S S S S S S S S S S S S S S S	deoth resulted from: Natural couses . Accident . Suicide . Hamicide . Undetermined manner .	
	WIT WIT WAS	TITLE (SPECIFY)	
	A HALL	SIGNATURE MICHAEL STUCKOS M.D. MEDICAL EXAMINER SIGNI	5/10/86
	DE SET TE T	ME	20877
	TO MEDICAL EXAMINER: T EXECUTE THE CERTIFICATE, PAGE 4 SHOULD BE FORM TO FUNERAL DIRECTOR: P AFFE DEATH, WITH THE ST BALTMORE, MARYLAND, 2	EXAMINER'S NAME J. MICHAEL ANCHURS ADDRESS 15 E- DEER PARK GAIT	NERSBURG
	5X45A4	236. BURIAL, CREMATION, REMOVAL 236. DATE 236. NAME OF CEMETERY OR CREMATORY 236. LOCATION CITY OR TOWN COU	NTY STATE
	BP	Cremation 5/10/'86 Lee's Crematory Washington, D. C.	THE RESTRUTION OF RESIDENCE REFORE ADMISSION, ID.C. IT.VOR TOWN MERCY GATHER WITH STATE AND THE SERVICE OF THE STATE OF
	DHMH - 17	24. BONDERAL DIRECTOR Sandium 316. E. Diamond Ave.	GNATURE
	(VR A15 ME (5)) 15M 2/80	Gartner Sandison F.H. Gaithersburg, Md. 20877 MAY 15	

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300 West Montgomery Ave. Rockville. MD

DHMH - 16 60M 7/84 (VRA 15, 4)

23e BURIAL CREMATION REMOVAL

FOR

May 20,1986 Arlington National Cem. Arlington

23: NAME OF CEMETERY OR CREMATORY

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

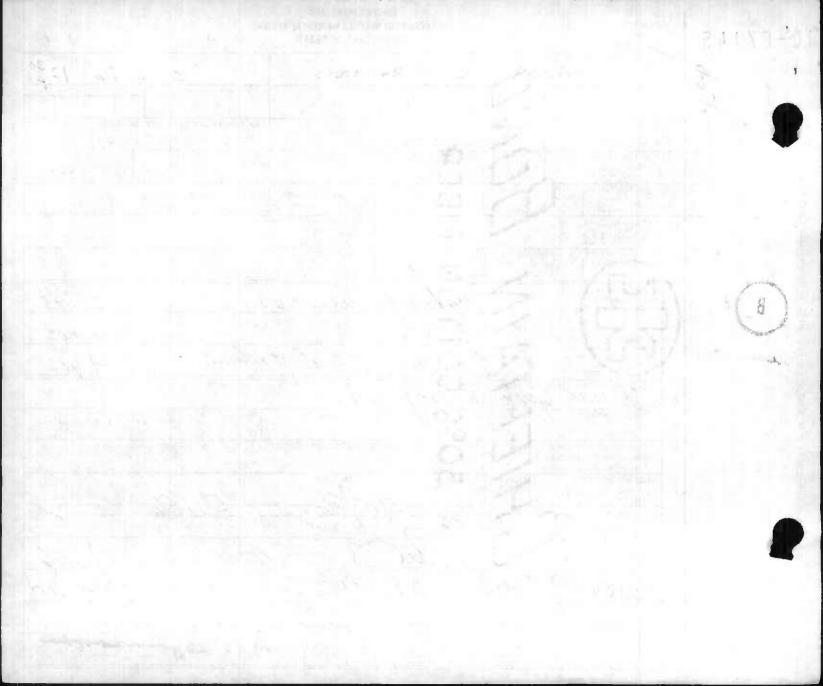
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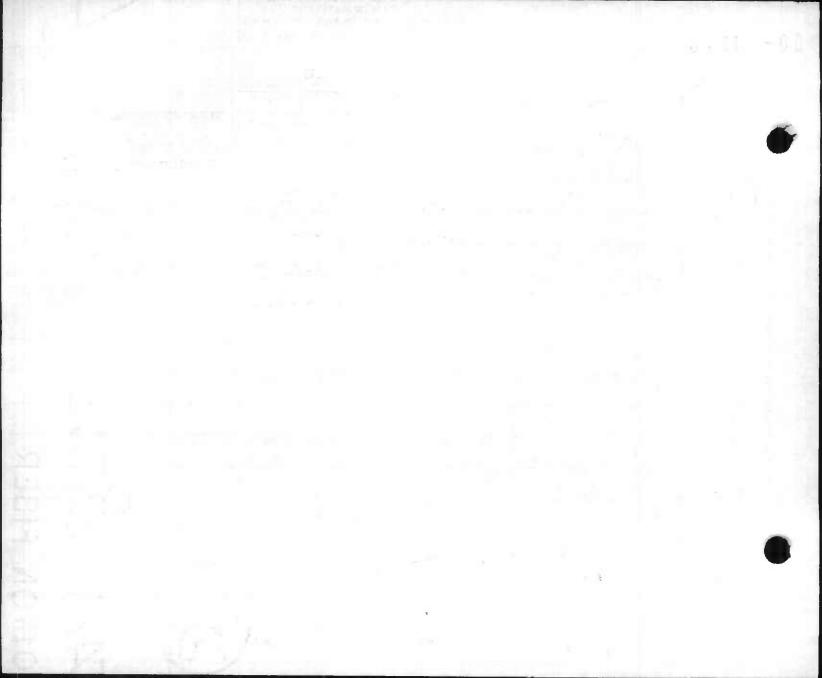
Csonka

COUNTY

STATE

24 FUNERAL DIRECTO Robert A. Pumphrey Funeral Homes 350 DATE REGISTRAN





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STATE OF MARYLAND

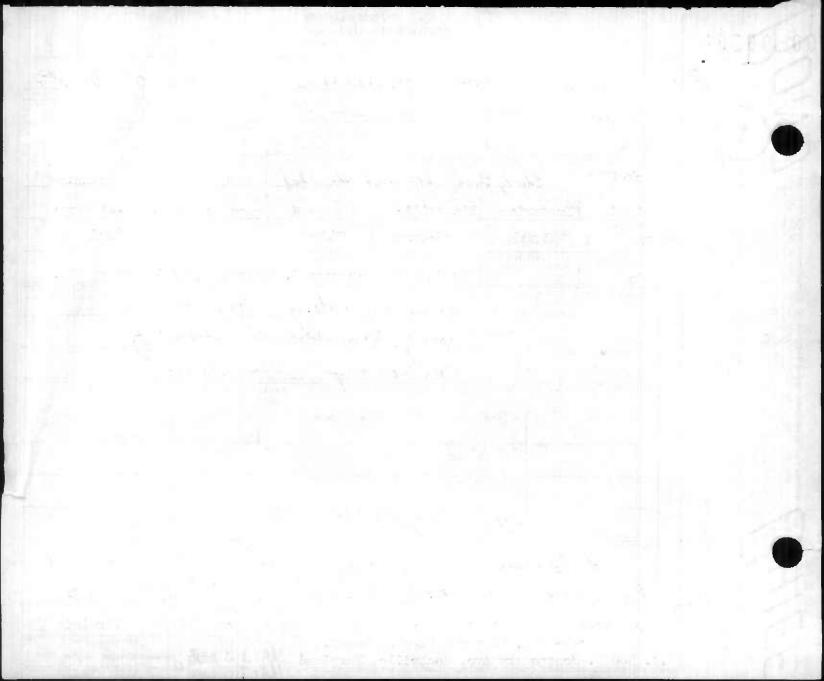
DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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		22d PHYSICIAN'S NAME (TYPE	OR PRINT)	HAKIK	2 m	,000	Lux La	no ?	2085	2	
		Cremation	May 12	,1986 Met	ropo	litan Cremato	CITY OR TOWN	а	^{co} Wirg	inia	STATE
		UNERAL DIRECTOR Rober					E REC'D. BY REGISTRAR				100
	P.	A.,300 W. Mont	gomery A	ve.,Rocky	ille	, Maryland 🦚	A1.1 3 1986	gwa u	euracian-	S. Mary	, miles

DHMH - 16 50M 4/83 (VRA 15, 4)

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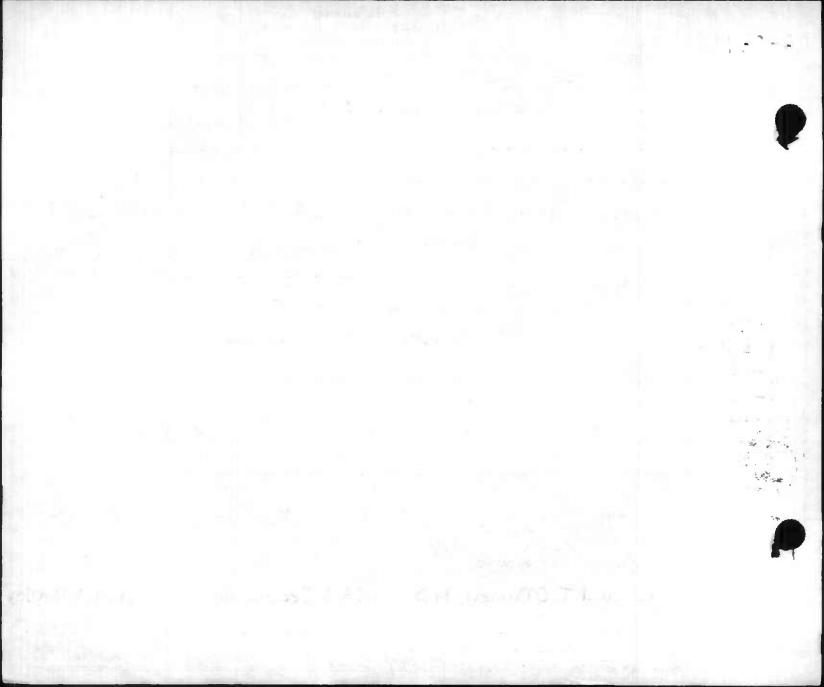
REGISTRAR

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

REG. NO

		EASED NAME	FIRST		MIDDLE	l	AST		20 DATE OF	DEATH MON	ITH D	AY YEAR	2b HOUR
poge 3	TYPE	OR PRINT)	Marie	Mi	ildred	Mar	igan			May	22	1986	10:00gm
4 may	3 SE			4 RACE		S. DATE C			6. AGE (INY	EARS LAST BIRTHDA	Y)	IF UNDER TYEAR	IF UNDER 24 HRS
ge 4		Female		Caucasi	ian	Sept.	21	1900	85		YRS.	ONTHS DATS	HOURS MIN.
Pod CE	7a. BI	RTHPLACE (STATE OF	R FOREIGN	L CITIZEN OF	WHAT COUNTRY	Y? 8	D NEVER	MARRIED -	9 BALTIMORE CITY OR COUNTY			OF DEATH	
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Kie Fe		TY OR TOWN OF DE		(IF NOT IN SUI	HOSPITAL, NURS	EET ADDRESS)	OR OTHER INS	MOITUTIT	TYPE OF WOR	OCCUPATION K FOR MOST OF WO	RKING LIFE		F BUSINESS OR
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hysic ficate frons Thys		210. ACCIDENT WAS UP			OF INJURY .M. MONTH	DAY YEAR	21c HOW II	VJURY OCCURE	ED (ENTER NA	TURE OF INJURY IN	ITEM 18 PA	RT I OR PART 2)	
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Spito CTO I for of h			(did) (did not	view the body	ofter death.	76 1.01	nd that in (my) (our) opinion i	death accurre	d on the date o	and hour	and from the	causes stated
e ha DIRE Icheo Dept		776 9GNATURE	17		.10	,	DEGREE	ATTENDING	/MEDICAL	STAFF		22c. DATE	SIGNED
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		BURIAL, CREMATION		23b. DATE				CREMATORY "	CITY	ORTOWN		COUNTY	STATE
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DHMH - 16 60M 7/B4		NAME	tranci	s J. Co	ollins	Jr.	112		IIM 9	1004	NEOISTR	AND SIGNAT	- Jandalla
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STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

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00-07338	FOR STATE REGISTRAR	DEF	PARTMENT OF HEALTH AND MENTAL HY CERTIFICATE OF DEATH	GIENE 8 6	14941
J 11	1. DECEASED NAME FIRST	MIDDLE	LAST	20. DATE OF DEATH	AONTH DAY YEAR 26 HOUR
1 71 VO	GREGORY	MARK MARK	MARDEN	MAY 17, 1	986 10:35A _M
4 0 g	1. SEX	4 RACE	S. DATE OF BIRTH	6. AGE (IN YEARS LAST BIRTH	MONTHS DAYS HOURS MIN.
and	MALE	WHITE	DECEMBER 2, 1957	28	YRS.
1 110/5	BIRTHPLACE (STATE OF FOREIGN COUNTRY)	76. CITIZEN OF WHAT COU	MARRIED NEVER MARRIED	9 BALTIMORE CITY OR	COUNTY OF DEATH
	VIRGINIA	U.S.A.	WIDOWED DIVORCED	MONTGOMERY	
26	10 CITY OR TOWN OF DEATH	(IF NOT IN SUCH FACILITY, GIVE	URSING HOME OR OTHER INSTITUTION STREET ADDRESS) TNTCAT CENTER		WORKING LIFE) INDUSTRY
20	BETHESDA SUAL RESIDENCE (IF NURSIHLA MEDIA)	NIH, INE GI	LINICAL CENTER		PROGRAMMER COMMPUTED
ND 2	13a. STATE	UNITY 13c. CITY OF		13e.STREET ADDRESS / 2400 VIRGI	NIA AVE, C1101, NW
4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4	14. FATHER'S NAME FIRST	MIDDLE LA		MIDDLE	LAST
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90		GIVE WAR OR DATES)			SAME AS ITEM #13)
B 4 50 5				e reger (APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
	DADT I DEATH WAS CALL	only one couse per line for (o), SED BY.	ointestinal Hemorrha	70	6 days
5 (8)	IMMED			ze	0 days
0 1 100	Conditions, if ony, which	DUE TO, OR AS A CON	SEQUENCE OF OCYSTIS PREUMONIA —		3 weeks
# 2 2 1 to	gove rise to immediate couse (a), stating the	DUE TO, OR AS A CON	1		J WEEKS
W to the	underlying couse lost.		red immune deficienc	v syndrome	2 years
20 Produced y, of y			G TO DEATH BUT NOT RELATED TO THE TER		ITION GIVEN IN PART 110
SOS TATE OF THE PROPERTY OF TH	NO.				
RECO RECO	19a DATE OF OPERATION	196. CONDITION FOR V	VHICH OPERATION WAS PERFORMED	20a AUTOPSY? YES ₩ NO	20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES \to NO \to
A do do do do	210. ACCIDENT WAS UNDERLYING	216. TIME OF INJURY	21c. HOW INJURY OCCU	RRED (ENTER NATURE OF INJURY	
N Strategic	OR CONTRIBUTING CAUSE OF		H DAY YEAR		
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PCN	22d PHYSICIAN'S NAME (TYP	PE OR PRINT)			TES OF HEALTH
5 5 5 4 M		Dugers	CLINICAL GE	INTER, BETHES	DA MD 20892
0600000	230 BURIAL, CREMATION, REMOV (SPECIFY) CREMATION		CHAMBERS CREMATORY	CITY OR TOWN	ALE P.G.C. Md.
V177 DP	CREMATION	5-19-1986	CHAMBERD CREMATURI	RIVERDA	ALE, P.G.C. Md.

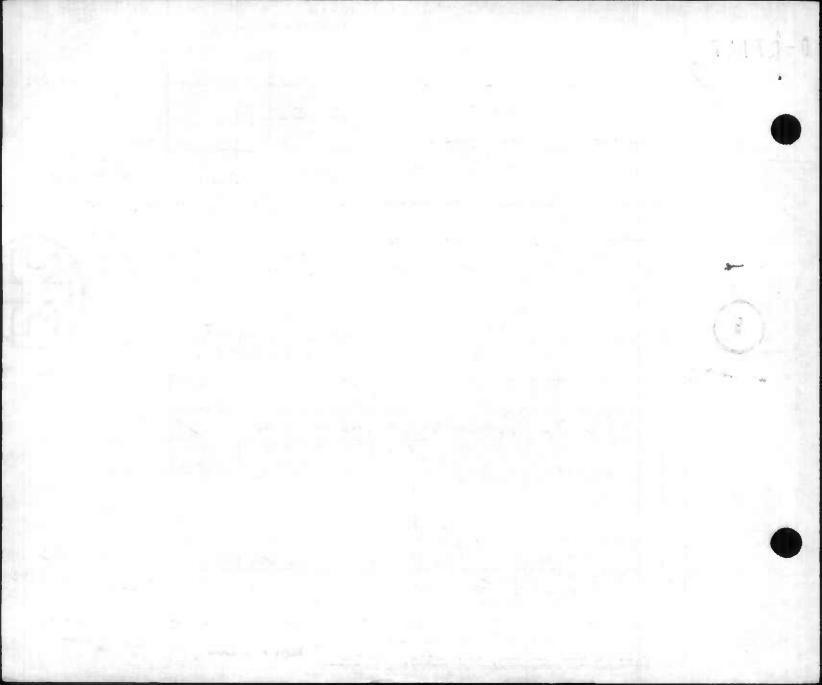
DHMH - 16 60M 7/84

24 FUNERAL DIRECTOR
W. W. CHAMBERS CO. (VRA 15, 4)

RIVERDALE, Md. 20737

250 DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE
MAY 22 1986 Julia Davidson Ven

EXTENSION TO DESCRIPTION OF THE PROPERTY. (SEE PERSONAL PROPERTY OF THE PERSONAL PROPERT , at the second state of the L-





John T. Rhines Co., 3015 12th St. N.E.

DHMH - 16 60M 7/84

(VRA 15, 4)

STATE OF MARYLAND

			STA	TE OF MARYLAND		
06937	FOR STATE REGISTRAR		CERTI	HEALTH AND MENTAL HYC FICATE OF DEATH	REG, NO.	4945
. in all	I. DECEASED NAME (TYPE OR PRINT) FIRST	1	MIDDLE	LAST	20. DATE OF DEATH MONTH	DAY YEAR 26 HOUR
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9 8 5 PF	3 SEX	4. RACE	MON		6 AGE (IN YEARS LAST BIRTHDAY)	MONTHS DAYS HOURS MIN.
The state of	Female	Caucas	THE COUNTY OF THE	mber 1, 1914	71 YRS	
7 2	Ja. BIRTHPLACE (STATE OR FOREIGN COUNTRY)			ED 🛛 NEVER MARRIED	9 BALTIMORE CITY OR COUN	. 11
XI X	Iowa CITY OR TOWN OF DEATH		States WIDOW		120 USUAL OCCUPATION	126 KIND OF BUSINESS OR
17/10	Bethesda	JUL SUE	HEACILITY, GIVE STREET ADDRESS)	Jospi Fol	(TYPE OF WORK FOR MOST OF WORKING	Park Service
11 11	USUAL RESIDENCE (IF NURSING HOME 13a. STATE 13b. CO	OR OTHER INSTITUTION	13t. CITY OR TOWN	194 INSIDE CITY LIMITS?	13e STREET ADDRESS / ZIP CO	
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120	Fred		Johnson	Viola	ADDRESS	Figgins
11	160 WAS DECEASED EVER IN U.S.	GIVE WAR OR DATES!	166 SOCIAL SECURITY NO.	17 INFORMANT		
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s been varied by	PART 2 OTHER SIGNIFICAN PART 2 OTHER SIGNIFIC	4. une		etis Mell	20a AOTOP6Y? 120b. IF	YES, WERE FINDINGS USED RTIFYING CAUSES OF DEATH?
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11	(IF EITHER NOTIFY MEDICAL EXAMI	P. 21e PLACE	M. 19	211 LOCATION		
2/	NOT WHILE		REET FACTORY OFFICE FARM, ETC.)	STREET	CITY OR TOWN	COUNTY STATE
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T -	saw the deceased alive	on MAY	13 19 86		death occurred an the date and	
5.5	obove, (I) (we) (did) (did	nat) view the body	after death.	DEGREE		22c. DATE SIGNED
4	Palas	2 · Lan	0 44 0 44	ATTENDING PHYSICIAN	MEDICAL STAFF	5-14-86
A Story	22d. PHYSICIAN'S NAME (TY	PE OR PRINT)	Device in	22e ADDRESS	MECTOR HITTSICIAN	13 4 14
24 8	Pinis	Empe	nial mp	4977 Ba	atteny LANO	Bethespa mo
13 5	23a BURIAL, CREMATION, REMOV			CEMETERY OR CREMATORY	123d LOCATION	INTERESTATION
	(SPECIFY) Cremation	14, 1	idy	litan Cremato	CITY OR TOWN	COUNTY STATE Virginia
	24. FUNERAL DIRECTO Robert			Uemas D A 250 DA	JE REC'D. BY REGISTRAR 256. REG	JISTRAR'S SIGNATURE
16 60M 7/84 (A 15, 4)	7557 Wisconsin As				1 9 1986 Alliano	aussian francisco
4 LO 10, 4)	FID / WISCONSIN AT	JP. Kerna	SOA Marviand	/ 11 / 1 / 1	4.7	· ·



24 FUNERAL DIRECTOR DeVol Funeral Home, Inc.

2222 Wisc. Ave., NW., Wash., DC 20007

DHMH - 16 60M 7/84

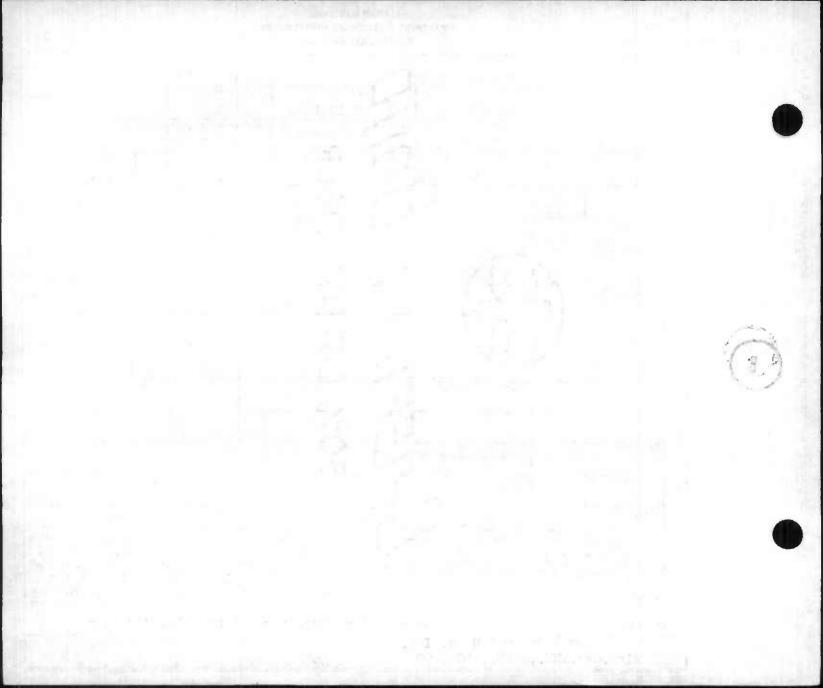
(VRA 15, 4)

STATE OF MARYLAND

May 20. 1986 Metropolitan Crematory Afexandria, Virginia

250 DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE

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Maryland Mont Bethesda YES NO 10112 Parkwood Dr 2081	The same	1	Bethesda	10112	Parkwood	Dr.	R OTHER INSTITUTION	(TYPE OF WORK FOR MOST OF WORKIN	G LIFE) 12b. KIND OF BUSINESS OF INDUSTRY Own Home
Volas Weador Volas Meador Volas Meador Volas Meador Volas Meador Jeff Was Deceased ever in u.s. Armed Forces? Is 66 Social Security no Indication of Indianal Address Meador Jeff Was Deceased ever in u.s. Armed Forces? Is 66 Social Security no Indianal Address Meador Jeff Was Deceased ever in u.s. Armed Forces? Is 66 Social Security no Indianal Address Meador Jeff Was Deceased ever in u.s. Armed Forces? Is 66 Social Security no Indianal Address Meador Jeff Was Deceased ever in u.s. Armed Forces? Is 66 Social Security no Indianal Address Meador Jeff Was Deceased ever in u.s. Armed Forces? Is 66 Social Security no Indianal Address Meador Jeff Was Deceased ever in u.s. Armed Forces? Is 66 Social Security no Indianal Address Meador Jeff Was Deceased ever in u.s. Armed Forces? Is 66 Social Security no Indianal Address Meador Jeff Was Deceased ever in u.s. Armed Forces? Is 66 Social Security no Indianal Address Meador Jeff Was Deceased Indianal Addre	Saction 2	Mε	ryland Mon	ROTHER INSTITUTION, INTY	Be the sds	ADMISSION)	YES 🔀 NO 🗌	10112 Parkw	
TYES. NO OS UNKNOWN IF YES. GIVE WAR OR DAIES) 490-10-5500 Mr. Lewin S. McDonald As #13	157			MIDDLE Cea	arna I ^{AST}	Bud		MIDDLE	
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO, OR AS ACONSEQUENCE OF Conditions, if only, which gove rise to immediate couse (a), stating the underlying cause last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I to PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I to 19th Date of Operation 19th CONDITION FOR WHICH OPERATION WAS PERFORMED 21th ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSES OF DEATH OR CONTRIBUTING CAUSE OF DEATH OR AM. MONTH DAY YEAR P.M. 19 21th ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH OR AM. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH OR AM. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH OR AM. MONTH DAY YEAR OR CONTRIBUTING AM. MONTH DAY YEAR OR CONTRIBUTING AM. AM. MONTH DAY YEAR OR CONTRIBUTION OF THE TERMINAL DISEASE OF CONDITION GIVEN IN PART 10 R PART 2) 21th TURN YOCCURRED WHILE AM. MORE STREET, FACTORY, OFFICE, FARM, ETC.) 21th LOCATION OR CONTRIBUTION OR			YES, NO OR UNKNOWN) (IF YES, G	IVE WAR OR DATES)					As #13
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OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) P.M. 19 21d. INJURY OCCURRED WHILE NOT WHILE ALWORK ALWORK ALWORK 220.1 certify that (I) (this happine) attended the deceased from saw the deceased alive an oboven (I) (minute) attended the deceased from saw the deceased alive an oboven (I) (minute) attended the deceased from oboven (I) (minute) attended the deceased from saw the deceased alive an oboven (I) (minute) attended the deceased from (I) (permit. Then pled to prior to buriol version injury, or	TIFICATION						20a AUTOPSY? 20b. IF	YES, WERE FINDINGS USED RTIFYING CAUSES OF DEATH?
WHILE NOT WHILE AT WORK (AT HOME STREET, FACTORY, OFFICE, FARM, ETC.) 27a I certify that (I) (the hospital) attended the deceased from sow the deceased alive on obove (I) (was tidd) (did not) view the body after death. DEGREE ATTENDING MEDICAL STAFF 27b. SYSTIATURE (AT HOME STREET, FACTORY, OFFICE, FARM, ETC.) STREET CITY OR TOWN COUNTY CO	tem Item		OR CONTRIBUTING CAUSE OF DE	HOUR A.A	A. MONTH DA			RED (ENTER NATURE OF INJURY IN ITEM	
James W. Egan, M.D. 22814 COSMANION SENSIAN SE	NT: If them 21 is marked o	ME	WHILE AT WORK 220 I certify that (I) (this happens of the deceased alive a obayen (I) (the Thib) (did not be a sound that the constant of the	(AT HOME STRE	deceased from	C, on	d that in (my) (printed that in (my) (print	death occurred on the date and	19 Sta., that (I) (malos hour and from the causes stated 22c, DATI/SIGNED 4/25/86

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ND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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10				NG HOME C	OR OTHER INSTITUTIO	ON 120	USUAL OCCUPAT	ION		BUSINESS OR
S	ilver Spring	2010 Gr	ace Chur	ch Ro	ad	Ħ	omemaker	OF WORKING LIFE)	own h	ome
	UAL RESIDENCE (IF NURSING HOM D. STATE 136 CC	E OR OTHER INSTITUTION			13d INSIDE CITY LIM	AITS? 13e	STREET ADDRESS	/ ZIP CODE		
		gomery	Silver S	pring			10 Grace	Church	Road	20910
1		MEDLE.	Houk			DEN NAME	Ann		New	ton
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			215-46-0	232	Lillian M	1. McG	owan-daug	hter-(s		
Г	18 CAUSE OF DEATH (Ente	anly ane cause per	line for (a), (b), a)	nd Ich	1				APPROXIA BETWEEN O	NATE INTERVAL
1			10, 1+	- (a	luce				184	1/5
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13	190. DATE OF OPERATION	196 CONDI	TION FOR WHICH	OPERATIO	N WAS PERFORMED		20a AUTOPSY?			
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3	(IF EITHER, NOTIFY MEDICAL EXAM		M.	19						
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23							23d LOCATION	ton D	COUNTY	STATE
L		May 20	, 1986	ree.s			wasning	ton, D.	U •	
24	FUNERAL DIRECTOR		11800	N.H.	Ave.	25a DATER	EC'D. BY REGISTRA	8 256 REGISTR	AR'S SIGNATI	URE
H	ines/Rinaldi Fu	uneral Hor	ne Silve	r Spri	ng, Ma.	MAY	22 1986	91240 13	Control Services	

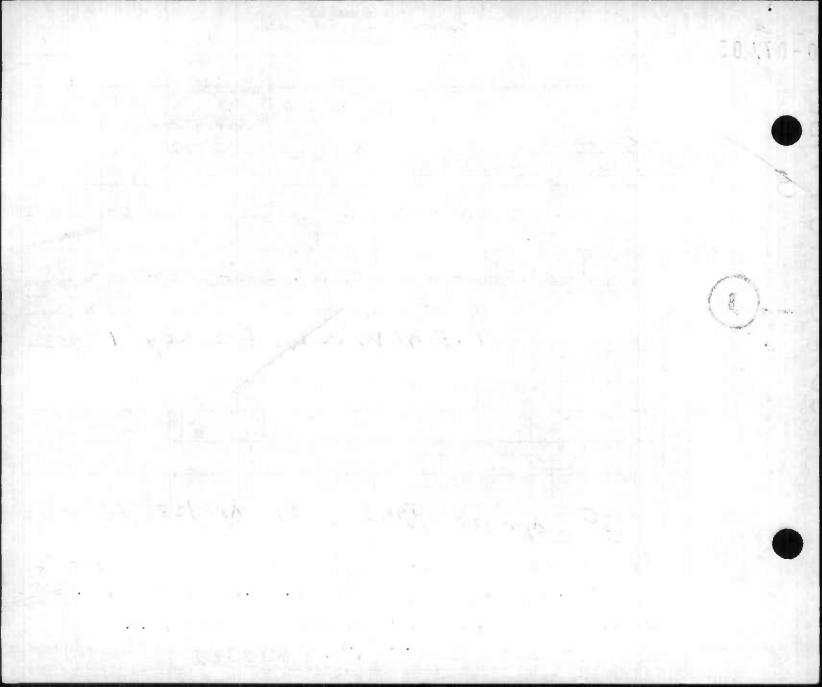
DHMH - 16 60M 7/84 (VRA 15, 4)

10 FUNERAL DEECTOR should be defauthed for with the Stote Deet of the

TO HOSPITAL

BP.

IMPORTANT



REG. NO 20. DATE OF DEATH MONTH YEAR DAY 2b. HOUR Q M (IN YEARS LAST BIRTHDAY) IF UNGER I YEAR IF UNDER 24 HRS 80 9. BALTIMORE CITY OR COUNTY OF DEATH Montgomery County. 120 USUAL OCCUPATION 126 KIND OF BUSINESS OR (TYPE OF WORK FOR MOST OF WORKING LIFE) Mining 13e STREET ADDRESS Circle Dr. Myrtle Coon 26121 Rudale Dr. Clarksburg, Md. 2087 APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH MOUR DULINO WHR 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NO [NO YES [COUNTY CITY OF TOWN STATE

PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 200 AUTOPSY? 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) , and that in (my) (aur) apinian death accurred on the date and haur and from the causes stated 22c. DATE SIGNED ATTENDING MEDICAL 36 PHYSICIAN DIRECTOR PHYSICIAN 22d PHYSICIAN'S NAME (TYPE OF 22. ADDRESS 230. BURIAL, CREMATION, REMOVAL 231. NAME OF CEMETERY OR CREMATORY 236. DATE 23d LOCATION (SPECIFY ITY OR LOW! Shinnston Masonic Burial May Shinnston, Harrison, W. Va. 250. DATE REC'D. BY REGISTRAR 256. REGISTRAR'S STENATION 24 FUNERAL DIRECTOR Olin M. Moleswerth, P.A., Damascus, Md. 20872

STATE OF MARYLAND

DHMH - 16 50M 4/B2 (VRA 15, 4)

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TO HOSPITAL OR ATTENDING PHYSICIAN. The low requires that the de-retained by the haspital or attending physician.

	STATE OF MARY
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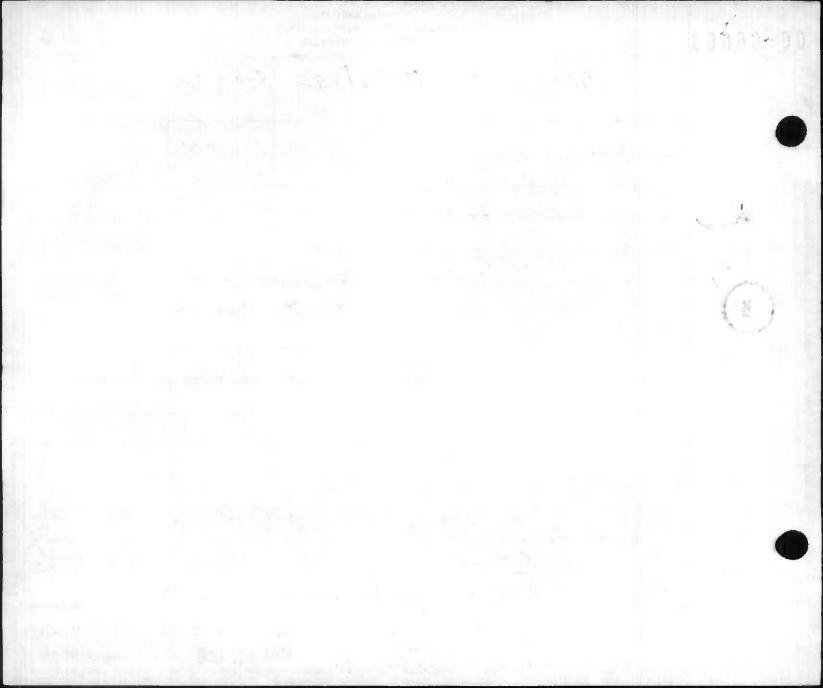
YLAND D MENTAL HYGIENE CERTIFICATE OF DEATH

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	411		CUCH FACILITY, GIVE STREET			SOO	retary	WORKING LIFE	Cleri	cal.
8 US	Wheaton WALRESIDENCE (JE NUR	SING HOME OR OTHER INSTITUTE	ton Manor		· · · · · ·				100000	
130	STATE	136 COUNTY	13c. CITY OR TOW	N 113d	INSIDE CITY LIMIT	13e STREE	Weller	ZIP CODE	20	906
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	Charles	A R IN U.S. ARMED FORCES	Rubright		Alice		ADDRES		meno	ou
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5.	27a.l certify that (I) (this haspital) attended the declased from 19 6, and that in (my) (aur) opinion death occurred on the document of the d									
m 2	22b. SIGNATURE	(did) (did nat) view the be	dy ofter death.	DEG	REE				22c. DATE	SIGNED
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MPORT	BOLC	2 0/4/21	-110			in Polis				
236	BURIAL, CREMATION				TERY OR CREMATO		CATION CITY OF LOWN		COUNTY	STATE
	Burial	May	13,1986 L	evering.	ton Cemet	ery P	hiladel			ylvania
A 7/84	FUNERAL DIRECTOR	Francis J.	Collins J	た 。	25a	DATE REC'D E	Y REGISTRAR	25b. REGISTR	RAR'S SIGNAT	Jandelle Jandelle
4) 5	00 Universi	ity Blvd. We	st Silver	Spring.	Md.	ment to	D 1200	June	- AND STATE OF THE	1

DHMH - 16 60M 7/84 (VRA 15, 4)

BP.



SIWER SPRING, MD

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(VRA 15, 4)

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FOR

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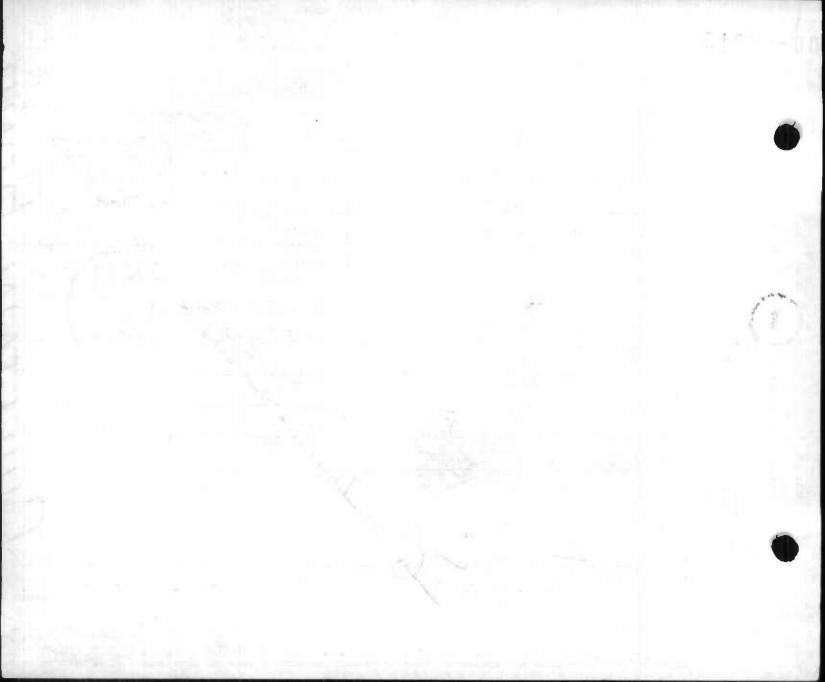
STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE.

CERTIFICATE OF DEATH

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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE FOR - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR 1. DECEASED NAME 20. DATE KNOWN (TYPE OR PRINT) UR FILES. 72 HOURS N STREET, DEATH MATER 3. SEX DATE OF BIRTH 6 AGE (IN YEARS IF UNDER IF UNDER 24 HRS DATE AST BIRTHDAY) MONTH PRONOUNCED DEAD To BIRTHPLACE BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED FOREIGN COUNTRY! Jamaica Jamaica 0 120 USUAL OCCUPATION (TYPE OF WORK ID. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 126 KIND OF BUSINESS OR INDUST Asst. Analyst University USUAL RESIDENCE IN HORS 130 STREET AD IJa. STATE 13d. INSIDE CITY LIMITS? M. FATHER'S NAME LAST Gertrude Ingramo Cecil Miller George 2049 or eatherwood Street 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b SOCIAL SECURITY NO. 17. INFORMANT (YES, NO, OR UNKNOWN) (IF YES, GIVE WAR OR DATES) Beverley Downie Silver Spring, Md. 579-66-1949 no CAUSE OF DEATH (Enter only ane cause per line lar (o), (b), and (c).) APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) DUE TO, OR AS A CONSEQUENCE OF Conditions, il ony, which gave rise to immediate couse (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 to 19a, DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED? 2D AUTOPSY? YES 🗌 NO.A 716 FXTERNAL CAUSE WAS 216. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR UNDERLYING OR CONTRIBUTING CAUSE OF DEATH 21e PLACE OF INJURY CATHOME II LOCATION STREET, FACTORY, FARM, ETC.) STREET CITY OR TOWN COUNTY STATE WHILE WHILE AT WORK 22a. I certify that I took charge of the remains described above, held on Autopsy Inspection P. and in my opinion deoth resulted from: Natural causer Accident Homicide Undetermined manner TITLE (SPECIFY) TO FUNERALD TO FUNERALD AFTER DEATH. V ACTUAL SIGNATURE MEDICAL EXAMINER EXAMINE S NAME John S. Rogers 1919 Seminary Rd. Silver Spring, MD. (TYPE OF PRINT) 230. BURIAL, CREMATION, REMOVAL 236. DATMAY 10 23c. NAME OF CEMETERY OR CREMATORY Burial Gate of Heaven Cemetery Wheaton, Maryland 1986 07/84 25M 24. FUNERAL DIRECTOR 250. DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE **DHMH - 17** McGuire Funeral Service 7400 Georgia Ave D.C. (VR A15 ME (5))



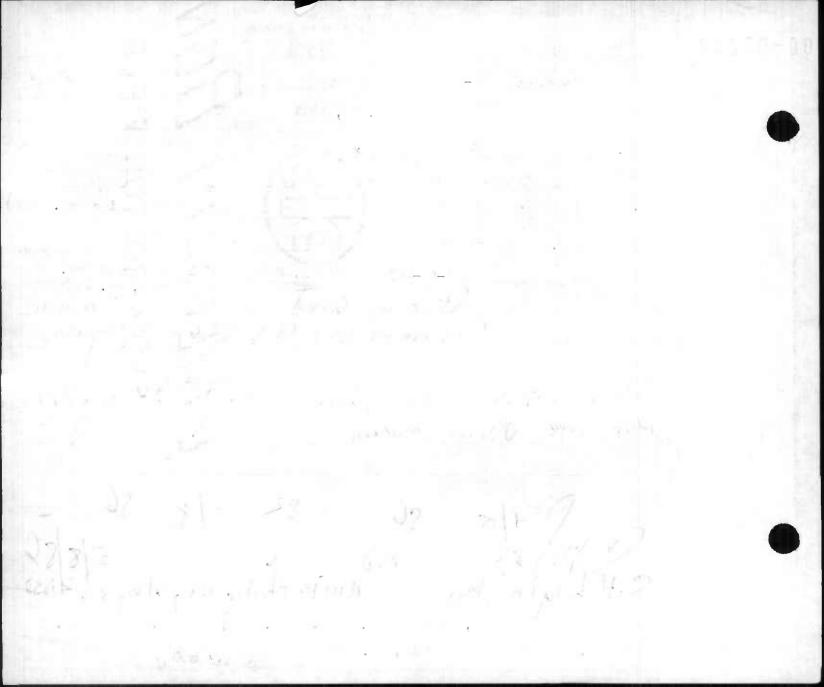
STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE 00-0.6605 - STATE RTIFICATE OF BEATE REGISTRAR 1. DECEASED NAME KNOWN 2a. DATE (TYPE OR PRINT) OF ESTI-DEATH MATED 4. RACE IF UNDER 24 HRS DATE LAST BIRTHDAY) PRONOUNCED 9. BALTIMORE CITY OR COUNTY OF DEATH 7ª BIRTHPLACE b. CITIZEN OF WHAT COUNTRY MARRIED NEVER MARRIED X FOREIGN COUNTRY WIDOWED DIVORCED 0.nr C / 1/ Pennsulvania 20. USUAL OCCUPATION (TYPE OF WOL 12b KIND OF BUSINESS OR INDUSTRY TOWN OF DEATH 11, NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION FOR MOST OF WORKING LIFE) Baggage Handler Pan Am JSUAL RESIDENCE 13a. STATE 13d INSIDE CITY LIMITS? 14. FATHER'S NAME IS. MOTHER'S MAIDEN NAME MIDDLE LAST FIRST MIDDLE LAST FIRST Willer Mabel Fisher John 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 16b SOCIAL SECURITY NO ADDRESS 7 New Holland Pike Brother (YES, NO, OR UNKNOWN) (IF YES, GIVE WAR OR DATES) Lancaster. Millon Pa. 17601 578-22-0346 APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (a DUE TO, OR AS A CONSEQUENCE OF Canditians, if any, which gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last. PART 2 DINER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (g) USED AS A BOOF HEALTH CERTIFICATION INER: THIS CERTIFICATE SHOULD SIGNATE, WRITING THE WORD "PEI EF DRWARDED TO THE CHIEF NE TOR: PAGE 3 SHOULD BE USED A THE STATE DEPARTMENT OF HEA AND, 21201 PROR TO BURNAL, CAND, 21201 PROR TO BURNA 196 CONDITION FOR WHICH OPERATION WAS PERFORMED? 190 DATE OF OPERATION 20 AUTOPSY? NO. YES | 21a. EXTERNAL CAUSE WAS 216. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR OR UNDERLYING MEDICAL CONTRIBUTING CAUSE OF DEATH P.M 19 21d. INJURY OCCURRED 21e PLACE OF INJURY 21f. LOCATION (AT HOME AT WORK AT WO STREET, FACTORY, FARM, ETC.1 CITY OR TOWN COUNTY STATE TO MEDICAL EXAMINER: THIS EXECUTE THE CERTIFICATE, WR PAGE 4 SHOULD BE FORWAR TO FUNERAL DIRECTOR: PAGE AFFEG DEATH, WITH THE STATE BALLIMORE, MARYLAND, 2120 Inspection 220 I certify that I took charge of the remains described above, held an Autopsy Inquiry and in my apinian Natural causes death resulted fram: Accident Suicide Hamicide L Undetermined manner TITLE!(SPECIFY) ACTUAL 1919 Seminary Rd. Silver Spring, Md. John S. Rogers. 23c. NAME OF CEMETERY OR CREMATORY MAY 14, 1986 ST JOHN'S U.M. CEMETERY PARADIST BURTAL 07/84 25M 24. FUNERAL DIRECTOR FRANCIS J. COLLINS JR. **DHMH - 17** (VR A15 ME (5)) \$00 UNIVERSITY BLVD. W. SILVER SPRING

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500 INTUINITY ULVO. M. STEPRE SPETAG, NO.

STATE OF MARYLAND



COUNTY and that in (my) (aur) apinion death accurred on the date and haur and from the causes stated 23a. BURIAL, CREMATION, REMOVAL 23b. DATE 23r. NAME OF CEMETERY OR CREMATORY King David Mem. Garden | Fall's Church; Fall'fax; Va. 51AT Buria1 5/27/86 24. FUNERAL DIRECTOR DANZANSKY-GOLDBERG MEMORIAL CHAPELS 250 DATE REC'D. BY REGISTRAR 255, REGISTRAR'S SIGNATURI DHMH - 16 60M 7/84 (VRA 15, 4) 1170 Rockville Pike: Rockville, Md.

STATE OF MARYLAND

YEAR

IF UNDER 1 YEAR

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12b. KIND OF BUSINESS OR

Maryland 20815

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FOR

STATE OF MARYLAND

CERTIFICATE OF DEATH	8 _{REG. No.}	14	9 5
MITCHELL	MAY 14 1986	DAY YEAR	12:10 ^A
5. DATE OF BIRTH	6. AGE (IN YEARS LAST BIRTHDAY)	IF UNDER 1 YEAR	IF UNDER 24 HRS

4	REGISTRAR		CERTIF	ICATE OF DEATH	REG. NO.	14	95		
	T. DECEASED NAME FIRST (TYPE OR PRINT) CA	ARMEN LENA MIT		AST	MAY 14 1986	DAY YEAR	12:10 ^A		
	1 SEX FEMALE	4 RACE BLACK	5. DATE C		6. AGE (IN YEARS LAST BIRTHDAY) 51 YRS.	IF UNDER 1 YEAR	IF UNDER 24 HRS HOURS MIN.		
1	O. BIRTHPLACE (STATE OR FOREIGN COUNTRY) WEST INDIES	76 CITIZEN OF WHAT COULD	MARRIE	D NEVER MARRIED DIVORCED	9 BALTIMORE CITY OR COUNTY OF DEATH MONTGOMERY				
1	6 CITY OR TOWN OF DEATH BETHESDA	11. NAME OF HOSPITAL, N (IF NOT IN SUCH FACILITY, GIVE NAVAL			12ª USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING NURSES * AIDE	LIFE) INDUSTRY	TH CARE		
9	USUAL RESIDENCE (IF NURSING HOME OF 130. STATE 13b. COUL	NTY 13c. CITY O		136 INSIDE CITY LIMITS? YES X NO	13e.STREET ADDRESS / ZIP COI 55-30 99th STR		374		
1	FATHER'S NAME FIRST TIMOTHY DA	MIDDLE LA	ST	15. MOTHER'S MAIDEN NA FIRST RITI	NELLA BRAMWELL	EAS	51		
5	16a WAS DECEASED EVER IN U.S. AF (YES, NO OR UNKNOWN) (IF YES, GI	VE WAR OR DATES)	1 SECURITY NO. 40-1339	Barbara Gilbert,	ADDRESS 638 MAGENTA ST.	,BRONX,	NY 1046		
	18. CAUSE OF DEATH IEnter of PART I. DEATH WAS CAUST	ID BV		RATORY ARREST		APPROX BETWEEN	MATE INTERVAL ONSET AND DEATH		
	Conditions, if ony, which	DUE TO, OR AS A CON	SEPSIS						
	underlying cause last.	DUE TO, OR AS A CON	MYCOS1	S FUNGOIDES					
	PART 2. OTHER SIGNIFICANT	CONDITIONS CONTRIBUTION	IG TO DEATH BUT	NOT RELATED TO THE TERM	NINAL DISEASE OR CONDITION G	IVEN IN PART 1	a		

underlying cause last.	((c) MYCOSIS FUNGUIDES)									
PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 a											
19a DATE OF OPERATION	196 CONDITION FOR WHICH OPERATION WAS PERFORMED	20a AUTOPSY?	206. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH?								
order and		YES NO X	YES NO								

21a. ACCIDENT WAS UNDERLYING 716 TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM IB PART I OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH 211 LOCATION 21e. PLACE OF INJURY 216. INJURY OCCURRED COUNTY STATE CITY OR TOWN AT HOME, STREET, FACTORY, OFFICE, FARM, ETC) NOT WHILE

86 22a. | certify that (1) (this hospital) attended the deceased from sow the deceased alive on. and that in (my) (aur) opinion death accurred an the date and hour and fram the causes stated abave, (1) (we)(did) (did nat) view the bady after death

DEGREE 22b. SIGNATURE ATTENDING MEDICAL STAFF
PHYSICIAN DIRECTOR PHYSICIAN 22e ADDRESS NAVAL HOSPITAL, NAVAL MEDICAL 226 PHYSICIAN'S WAME (TYPE OR PRINT)

M. PIERDINOCK, LCDR, MC, USNR

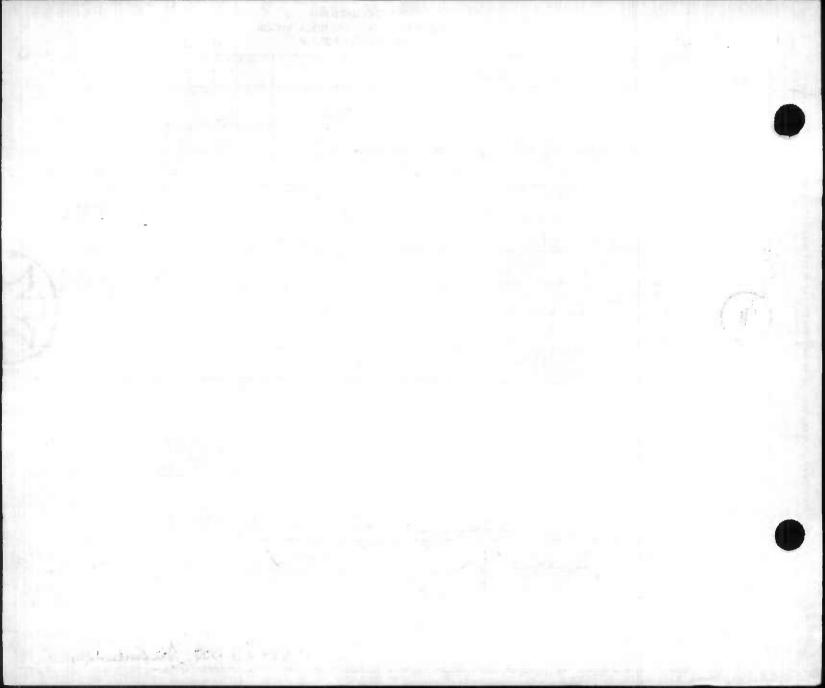
23a. BURIAL, CREMATION, REMOVAL

NATIONAL CAPITAL REGION, BETHESDA, MD 20814 23c. NAME OF CEMETERY OR CREMATORY 23d LOCATION

STATE

May 20,1986 Mount Hope Cemetery Burial New York Hastings, 24 FUNERAL DIRECTOR McCall's Bronxwood Funeral Home 4025 Bronxwood Avenue, Bronx, NY

DHMH - 16 60M 7/84 (VRA 15, 4)



STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE 00-07286 REGISTRAR DECEASED NAME 20 DATE KNOWN MONTH 2b. HOUR (TYPE OR PRINT) OF ESTI-1986 Ebrahim Moaade1 4 RACE 6. AGE (IN YEARS | IF UNDER 1 YR. 3 SEX . DATE OF BIRTH IF UNDER 24 HRS DATE LAST BIRTHDAY) PRONOUNCED 11:00 Sept. 7, 1910 75 YRS 1086 Male White 9. BALTIMORE CITY OR COUNTY OF DEATH 76. CITIZEN OF WHAT COUNTRY? TO BIRTHPLACE (STATE OR MARRIED X NEVER MARRIED FOREIGN COUNTRY) Montgomery County, DIVORCED Iran Iran 12a USUAL OCCUPATION (TYPE OF WORK 12b KIND OF BUSINESS FOR MOST OF WORKING LIFE) OR INDUSTRY IN CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION Merchant Rockville 6111 Montrose Road, Apt. 1019 Furs USUAL RESIDENCE (IF IN NURSING HOME OF OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 1136 COUNTY 13d. INSIDE CITY LIMITS? 13e STREET ADDRESS Rockville 6111 Montrose Road 20852 YES X Montgomery NO T Maryland 14 FATHER'S NAME 15. MOTHER'S MAIDEN NAME LAST MIDDLE LAST FIRST MIDDLE FIRST Dina Denarosh Moussa Lavy 17 INFORMANT 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO Bethesda, Md., 20817 (YES, NO. OR UNKNOWN) 218-06-7208AJ | Moussa Moaadel; 10240 Arizona Circle APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c),) PART I DEATH WAS CAUSED BY Acute Myocardial Infarction IMMEDIATE CAUSE (a)_ DUE TO, OR AS A CONSEQUENCE OF AS A BURIAL - TRANSIT ALTH AND MENTAL HY CREMATION, OR REMO Canditions, if any, which (b) Coronary Arteriosclerosis gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last. S CERTIFICATE SHOULD BE EXECT RITING THE WORD "FENDING" RDED TO THE CHIEF MEDICAL I SE 3 SHOULD BE USED AS A BURE E DEPARTMENT OF HEALTH AND PART 2 DINER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 IA CERTIFICATION 190. DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? BURIAL, YES XX NO 21a. EXTERNAL CAUSE WAS 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED LENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 21 ROR TO HOUR A.M. MONTH DAY YEAR UNDERLYING CONTRIBUTING CAUSE OF DEATH TO MEDICAL EXAMINER: THIS CRFITE EXECUTE THE CERTIFICATE, WRITING PAGE 4 SHOULD BE FORWARDED IT OF LUNERAL DIRECTOR; PAGE 3 SHOWN AFTER DEATH, WITH THE STATE DEPAY BARKWORE, MARYLAND, 2120 PROC

216 INJURY OCCURRED WHILE AT WORK

death resulted from

21e PLACE OF INJURY

STREET, FACTORY, FARM, ETC.)

21f LOCATION

Inspection

CHYPRIONN

COUNTY

STATE

and in my apinian

5-15-86

EXAMINER'S NAME (TYPE OR PRINT)

Dennis F. Smyth, M.D.

Danzansky-Goldberg Chapels: 1170 Rockville Pike

ADDRESS

23c. NAME OF CEMETERY OR CREMATORY

111 Penn St., Balto., Md.

Undetermined manner

21201

230 BURIAL CREMATION REMOVAL 236 DATE

DHMH - 17

07/84 25M

May 16, 1986 Judean Mem. Gardens Olney, Maryland Rockville, Maryland Olney, Maryland NAY 19 1980 Lie Mais North Burial 24 FUNERAL DIRECTOR

22a. I certify that J-toak charge of the remains described above, held an

Natural causes XX

TITLE (SPECIFY)

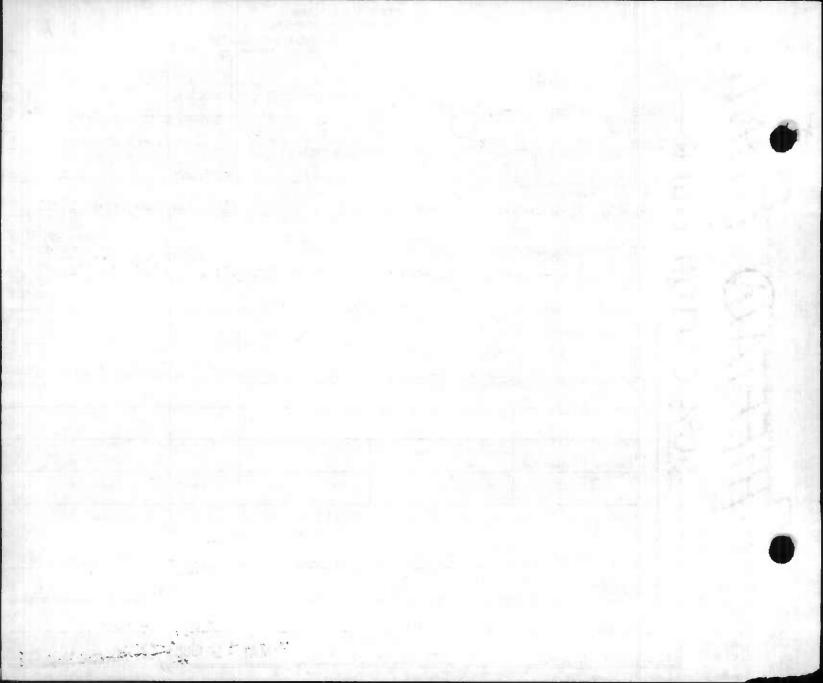
Assistant

23d LOCATION

STATE

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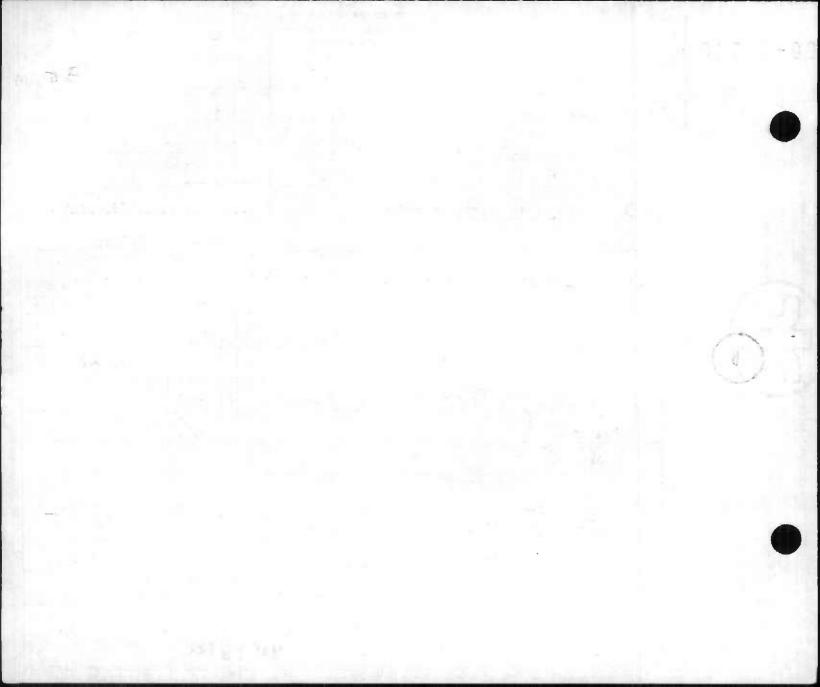
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06980		REGISTRAR			CERTIFICATE	OF DEATH	REG. NO.		*
v 75		TEASED NAME FIRST	11C15 A		MAG	ne	20 DATE OF DEATH MONT	H DAY YEAR	2b HOUR
4 50				GNES	11100	RE	<u> </u>	04	> 30A
4 94	3. SE2		1. RACE Cauca	cion	5 DATE OF BIRTH	DAY YEAR	6 AGE (IN YEARS LAST BIRTHDAY)	MONTHS DAYS	HOURS MIN
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1 100	-	ry Land TY, OR TOWN OF DEATH	V S	SPITAL NILIPSIN	G HOME OR OTHE	DIVORCED	Montgomery 12a USUAL OCCUPATION		MD. OF BUSINESS OR
4 12 108	-	Ver Soria		ACILITY, GIVE STREET	(DDRESS)	pital	HOUSEWIFE	KING LIFE) INDUSTRY	
12 60	USUZ		HOIL	A CINO	2.1	priar	Ke-To-ca CV	Own	
1 11 30	13u S		LA COLUMN	A I		SIDE CITY LIMITS?	13e.STREET ADDRESS 7 ZIP	O Ritchie	0743
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1 16 1//			GIVE WAR OR DATES)	Chammer and			1540 Ritchi	e-Maribor	D Kd.,
2 10		/V °		., .		iles M. MOO	re-Capitol Hg		
1000		18 CAUSE OF DEATH (Enter PART I, DEATH WAS CAU		e for (g), (b), and	(01)	1	Bookt	BETWEEN	SIMATE INTERVAL 1 ONSET AND DEATH
d plant party of the party of t		IMMED	IATE CAUSE (a)	que c	m my Dry	Charles of the contract of the	Corres	9	1 13/00
1		Condition of 111	DUE TO, OR	S A CONSEQUE	NCEOF	to Do	a manta	5	186
(a)		Canditians, if any, which gove rise to immediate	(b)	· ·	- 400-4	the Labour	ton diam	1	. [
		couse (a), stating the underlying cause last	DUE TO, OR A	S A CONSEQUE	NCE OF			5/8	36
~		PART 2. OTHER SIGNIFICAN	T CONDITIONS CON		EATH BUT NOT RE	LATED TO THE TERM	INAL DISEASE OR CONDITIO	N GIVÊN IN PART 1	la .
the state of the s	NO	Dehnohite	m AS	(VD)	Smile	Demost	4, (OPD		
1 1111	CAL	90 DATE OF OPERATION	196. CONDITIO	ON FOR WHICH	OPERATION WAS	PERFORMED		IF YES, WERE FIND	
Se la	116	None					YES NO D	YES []	NO D
The state of the s	CERT	210. ACCIDENT WAS UNDERLYING		MONTH DA	Y YEAR 21c H	OW INJURY OCCURE	RED (ENTER NATURE OF INJURY IN IT	EM 18 PART 1 OR PART 2)	
No. of Participants	8	OR CONTRIBUTING TAUSE OF	DEMIN		19				
A A P	MEDIC	21d INJURY OCCURRED	21e PLACE OF	INJURY FACTORY, OFFICE, FA		STREET	CITY OR TOWN	COUNTY	STATE
A Paragraph	-	AT WORK AT WORK					1 181		
N S S S S S S S S S S S S S S S S S S S		220.1 certify that (1) rinis ito	spiral) ottended the o	deceased from_	2/20/81	, 19			, that (1) (He) lost
2 9 5 CT OF 12 CT OF		saw the deceased alive abave, (1) wer did it did	not view the body of	ter death.			death accurred an the date as	nd haur and from the	e causes stated
Dept by Marie		226 SIGNATURE	~~		DEGREE		MEDICAL STAFF	22c. DATI	E SIGNED
TAL Gard Gard Minde		NETUNA	EM MS		M.D.	PHYSICIAN VZ	DIRECTOR PHYSICIAN		18 86
HOSPI red b sid be sid be off the 5		22d. PHYSICIAN'S NAME (TY		nO	22e Al	DDRESS 9234	1 Colesville	Rd .	
the state of the s		6 B Petri				Silv		Md 70	910
	23a B	URIAL, CREMATION, REMOV				Y OR CREMATORY	23d. LOCATION	COUNTY	STATE
BP	24.5	Burial	5/21/86) Re	surrection	on Cemeter			Md.
DHMH - 16 60M 7/B4	R	ichard A. Cole uneral Home	eman -Upper	Maribo	ro, Md.	ZSa. DAT	AY 1 9 1986	ESTRACTOR NA	TURE
(VRA 15, 4)	F	uneral Home	r r		20772	[41	10		

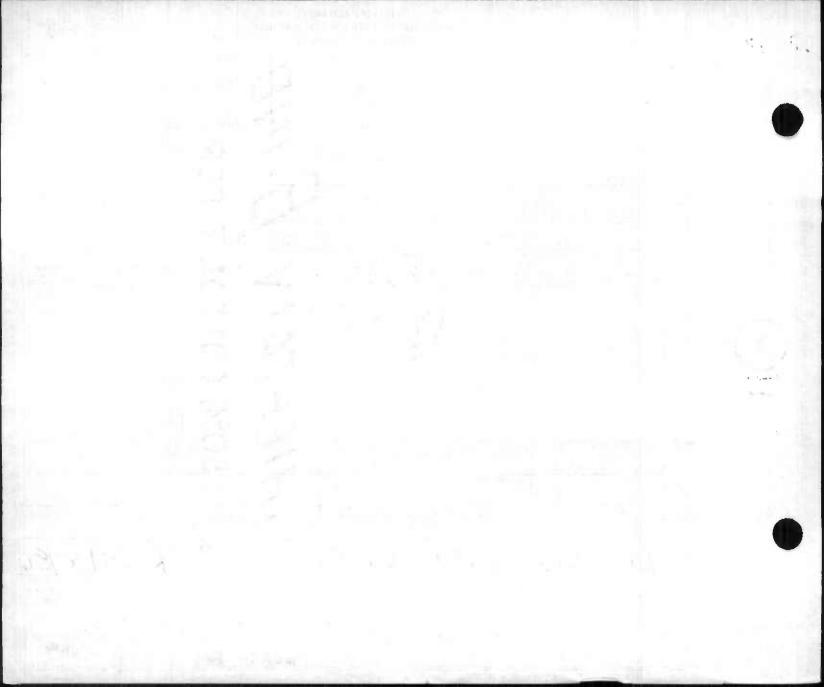


(VRA 15, 4)

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

7.3	1.	FOR STATE REGISTRAR			DEPARTA		EALTH AND MENTAL HYG	IENE 8 6	149	5 9	
611		CEASED NAME	FIRST		WIDDIE	1	AST	20 DATE OF DEATH	MONTH DAY YEAR	2b HOUR	
5	(TYPE	ORPRINT)	FR	ANCES W	ICES WIXSON MOORE				1986	10:17 A	
	3. SE.	X		4. RACE 5. DATE OF BIRTH				6 AGE (IN YEARS LAST BIR	THDAY) IF UNDER 1 YE		
FEMALE				CAUCAS	IAN	JU	NE 29 1921	64	YRS		
G		RTHPLACE (STATE OR F	OREIGN	76 CITIZEN OF	WHAT COUNTRY?	8.	D X NEVER MARRIED	9. BALTIMORE CITY O	R COUNTY OF DEATH		
/	M	ICHIGAN			STATES	WIDOWE	DIVORCED	MONTGOM		MD.	
1		TY OR TOWN OF DEA	TH	(IF NOT IN SUC	H FACILITY, GIVE STREET	ADDRESS)	OR OTHER INSTITUTION	12a USUAL OCCUPATE (TYPE OF WORK FOR MOST O	F WORKING LIFE) INDUST	D OF BUSINESS OR RY	
		BETHESDA			NAVAL HOS		4	HOUSEWI	FE	20000	
3	13a. S	AL RESIDENCE (IF NURS STATE RGINIA	FAIR	TY	13c. CITY OR TOW ANNANDA	N	13d INSIDE CITY LIMITS?	13e.STREET ADDRESS 4017 WHIS	ZIP CODE PERING LAN	E 22003	
4	M. F/	THER'S NAME FIRST FRAN	K GEO	RGE WIX	SON		15. MOTHER'S MAIDEN NA.	Y MCCALLY		LAST	
160 WAS DECEASED EVER IN U.S. A				MED FORCES?	CES? 16b SOCIAL SECURITY NO. 17 INFORMANT			ADDRE	SS		
5	(YES, NO OR UNKNOWN)	1943	-1944				E,4017 WHISPERING LANE, ANNANDAL 22003 LAPPROXUMATE INTERVAL BETWEEN OWSET AND DEATH			
18 CAUSE OF DEAT PART I. DEATH W. Canditians, if any gave rise ta im cause (a), statir underlying cause PART 2. OTHER SIGI PART 2. OTHER SIGI 19a DATE OF OPERA 21a. ACCIDENT WAS UNI	which nediate ig the last.	DUE TO, O	R AS A CONSEQUE R AS A CONSEQUE	ENCE OF	NOT RELATED TO THE TERM	VINAL DISEASE OR CON 200 AUTOPSY?	DITION GIVEN IN PART 20b. IF YES, WERE FIN IN CERTIFYING CAU	IDINGS USED			
,		21a. ACCIDENT WAS UNE			OF INJURY M. MONTH DA		21c. HOW INJURY OCCUR	RED (ENTER NATURE OF INJU	RY IN ITEM 18 PART 1 OR PART	2)	
	MEDICAL	(IF EITHER, NOTIFY MEDI-	RED	21e PLACE	M. OF INJURY REET, FACTORY, OFFICE, F	ARM ETC)	211 LOCATION STREET	CITY OR IC	own county	STATE	
		270.1 certify that (I) sow the decease abave, (I) (we) (s) 27b. SIGNATURE	(this haspi ed alive an did) (did no	MA t) view the bady	V 28 10 8				TOENT 22C. D.	ATE SIGNED 18	
1		N.THABAU	LT, L	T, MC,	USNR		NATIONAL CAR				
	230.	BURIAL, CREMATION, (SPECBURIAL		T23b. DATE	23c. 1		CEMETERY OR CREMATORY Ogton National	23d LOCATION	rlington,	STATE	
/B4	24 F	UNERAL DIRECTOR A					25a. DA1	TE REC'D. BY REGISTRAR			



FOR - STATE

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

6		COMM	6	1	6
_	REG. NO.				

REGISTRAR		CEKIT	ICATE OF DEATH	REG. NO	o. *	
P. DECEASED NAME FIRST	WIDDLE	į.	AST	20 DATE OF DEATH	MONTH DAY YEA	R 2b. HOUR
(TYPE OR PRINT) Rola:	nd E.	Moo	re	MAX	May 23, 198	36 11:30 PM
3 SEX	4. RACE	5. DATE C		6. AGE (IN YEARS LAST BIRT		
Male	White	Apri	1 29 1997	6	9 YRS.	
To BIRTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WHAT COU	NTRY? 8.	D NEVER MARRIED	9 BALTIMORE CITY O	R COUNTY OF DEATH	A
Washington DC	USA	WIDOWE		Montgomer	y County	MD.
18. CITY OR TOWN OF DEATH	11. NAME OF HOSPITAL, N		OR OTHER INSTITUTION	12a USUAL OCCUPATE		D OF BUSINESS OR
Kensington	11202 Mitso		et	(TYPEETE'C'C'TYE'C	lan	SYGovt.
LISTIAL DESIDENTE LENURSING HOM	QUNTY 13c CITY OF		13d INSIDE CITY LIMITS?	13e.STREET ADDRESS / 11202 Mits	ZIP CODE scher St. 2	20895
14. FATHER'S NAME			IS MOTHER'S MAIDEN NAM	WE		
PaulFirst	WIDDIE	ore	Winnie	WIDDLE	Curti	Ln
160 WAS DECEASED EVER IN U.S.		L SECURITY NO.	17. INFORMANT	ADDRE		
(YENNO OR UNKNOWN) (IF YES	GIVE WAR OR DATES) 579-	10-4237	Elizabeth Ho	olloman same	as #13	
IA CAUSE OF DEATH (Ente	only one couse per line for (o),	(b), and (c).)			BETW	PROXIMATE INTERVAL VEEN ONSET AND DEATH
PART I. DEATH WAS CA			he Gallbladde	r (6-85)		
IMME						
and the second second	DUE TO, OR AS A CON	ISEQUENCE OF			110	
Conditions, if ony, which						
gove rise to immediate couse (a), stating the		ISEQUENCE OF				
underlying couse lost						
PART 2 OTHER SIGNIFICAL	NT CONDITIONS CONTRIBUTIN	IG TO DEATH BUT	NOT RELATED TO THE TERM	INAL DISEASE OR CON	DITION GIVEN IN PAR	IT Ita
190. DATE OF OPERATION 210. ACCIDENT WAS UNDERLYING						
190. DATE OF OPERATION	196. CONDITION FOR V	WHICH OPERATIO	N WAS PERFORMED	20a AUTOPSY?	206. IF YES, WERE FIN IN CERTIFYING CAU	NDINGS USED
Ĭ Ĕ				YES NO	YES [NO [
210. ACCIDENT WAS UNDERLYING			21c. HOW INJURY OCCURR	RED (ENTER NATURE OF INJUI	RY IN ITEM 18 PART I OR PAR	1 2)
OR CONTRIBUTING CAUSE OF CHILDREN NOTIFY MEDICAL EXAM	AINER) P.M. 21e. PLACE OF INJURY	19	21f LOCATION			
WHILE IN NOT WHILE I	(AT HOME, STREET, FACTORY,	OFFICE, FARM, ETC }	STREET	CITY OR TO	WN COUNT	Y STATE
AT WORK AT WORK		April	10 86	700 4	1 - 2 17	(
	ospital) attended the deceased	from	, 19			Athor (I) (we) lost
sow the deceased alloobove, (Vilve) (did (di	non the body after death.	_19, or	nd that in (my) (our) opinion o	death occurred on the de	of and hour and from	the couses stoted
72h SIGNATURE	, , , , , ,	2	DEGREE			ATE SIGNED
1 /KIN	11 11	LL MI	ATTENDING PHYSICIAN X	MEDICAL STAI		23-86
22d. PHYSICIAN'S NAME (1	THE CHE PERMIT	0-1111	22e ADDRESS			
Richard W.	Holt, M.D.		3800 Reservoi	r Rd., N.W.	.Wash.,D.C.	20007
230 BURIAL, CREMATION, REMO		23c NAME OF C	EMETERY OR CREMATORY	1234 LOCATION		
(SPECIFY) Burial	²³ 5/28/86	Ft. Li	ncoln Cemeter	y Brentwood	PrinceGeo	rge Md

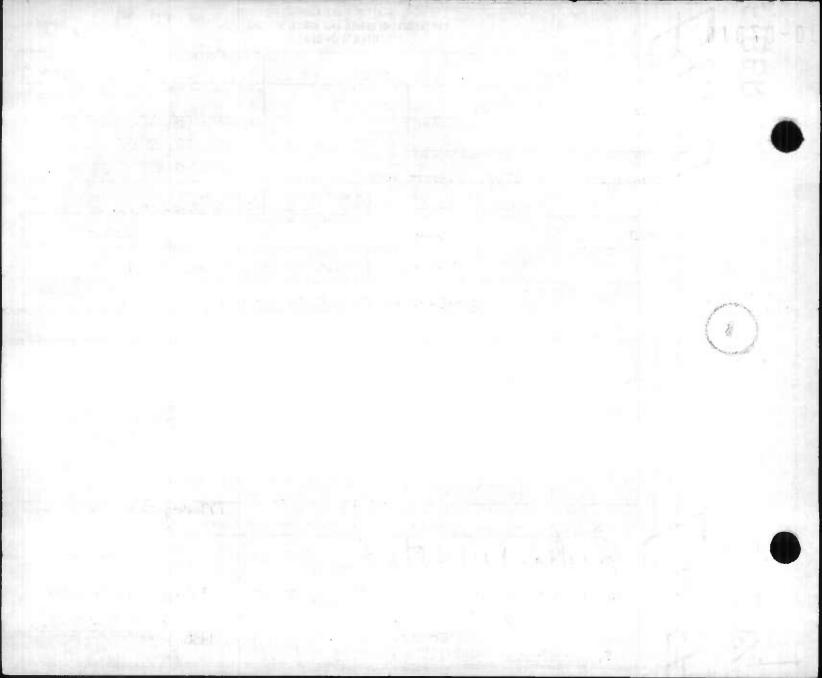
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MPORTANT: If Item 21 is marked at Item 18 shaws

24 FUNERAL DIRECTOR Donald V, Borgwardt (VRA 15, 4)

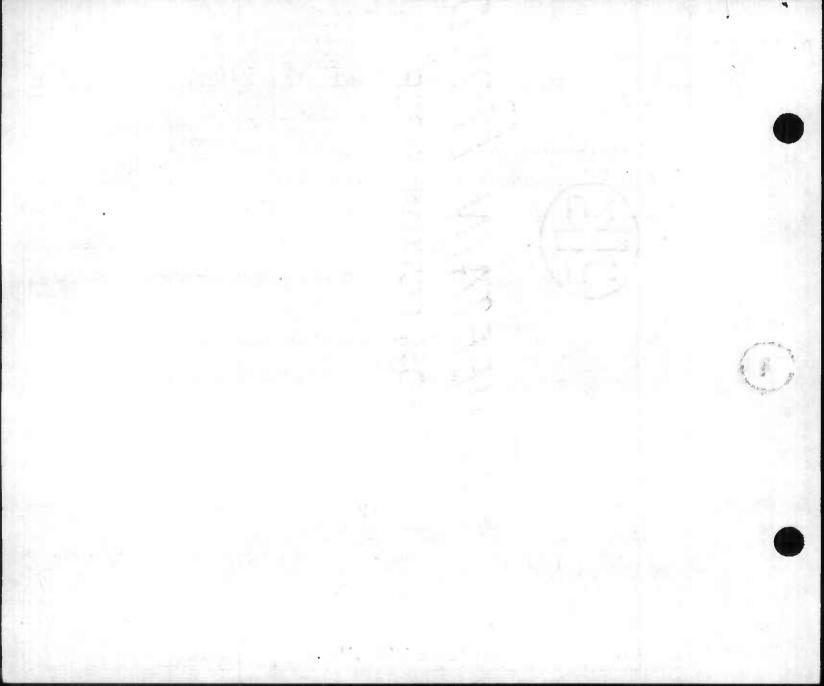
4400 Powder Mill Rd. Beltsville Md 20705

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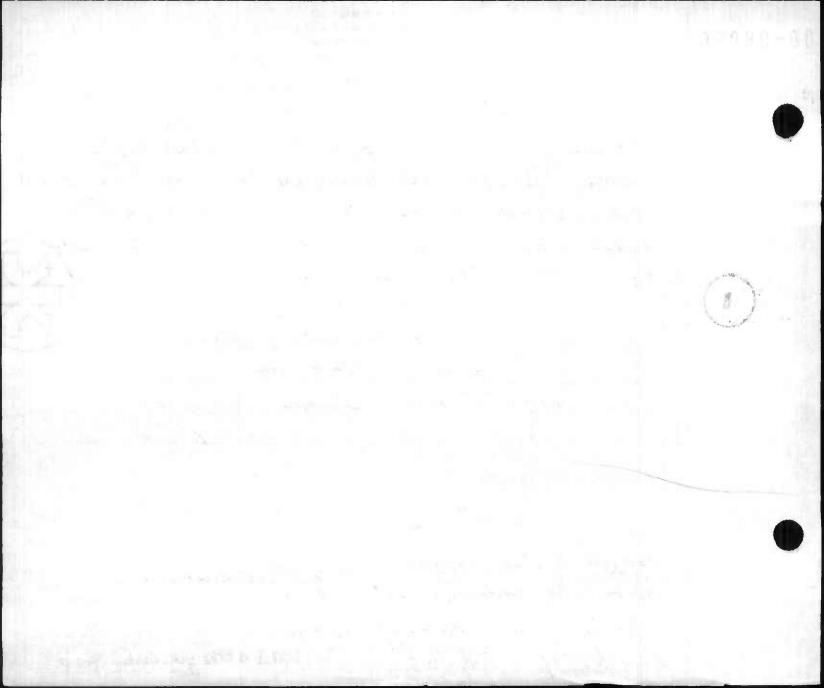


(VRA 15, 4)

STATE OF MARYLAND



				STATE OF MARTLAN				1 63
880	1-	FOR STATE REGISTRAR	DEPARTA	NENT OF HEALTH AND ME CERTIFICATE OF DEA	ATH O	EG. NO.	4 7	6 2
		EASED NAME FIRST	WIDDLE	LAST	20 DATE OF DEA	TH MONTH DA	YEAR 2	Th HOUR
£	(TYPE	ORPRINTI /AITER	F. Mor	EL AND		5-1	0-86	8:25 17
	3. SE	VVITLICIS	4 RACE	5. DATE OF BIRTH	6 AGE (IN YEARS I			IF UNDER 24 HRS
	J. 3E		I .	MQNTH DAY	YEAR 7			HOURS MIN.
100		MALE	WHITE	JAN 16	03 83	YRS		
190	7a BI	OUNTRY)	76. CITIZEN OF WHAT COUNTRY?	MARRIED NEVER MA	RRIED 9 BALTIMORE C	ITY OR COUNTY C	OF DEATH	
1:/	1	VASH. D.C.	91.5.4.		RCED [] []OA	ITHOME	FRY	MD.
10 1	10 C	TY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURSIN			UPATION	Mb KIND OF	BUSINESS OR
70	R	ETHES DA	POTO MAC JAL	LEV/ NURSINE	- HOME ALTO	FCHANIC		SET DATE!
25	USU/	L RESIDENCE (# NURSING HOME OR TATE 13b. COUN			THE THE STREET ADDIT		-	2101
Cir	AA.	100.000	LONGA/ BETHES	YES X N	LIMITS? 13e.STREET ADDR	2 - SALLAN	MAIAH T	B00/
FA		THER'S NAME		15. MOTHER'S M	AIDEN NAME		NA JII	
30	<	FIRST	MIDDLE MADEL MAI	n M	401/	DOLE	Republic	FLL
8 1	16g V	AS DECEASED EVER IN U.S. AR	MED FORCES? 166 SOCIAL SECU	RITY NO. 17 INFORMANT		ADDRESS	MANA	24
2			E WAR OR DATES)		Was Band	m Carre	, Com	- AH12
V		N6	- 577-03	000/	HIER- DETTY	11. CROSBY	1-34M1	2/1511110
-1		18 CAUSE OF DEATH (Enter on PART I. DEATH WAS CAUSE	ly ane cause per line for (a), (b), and		- /	/	BETWEEN ON	ATE INTERVAL
1			E CAUSE (o)	consequen	my Anes	7		1-5-70
/			DUE TO OF AS A CONSEQUE	NCE OF				
E E		Canditions, if any, which	(b) (tel 4	con Fa	eluce	1	
-		gove rise to immediate couse (a), stating the		NICE OF			100	
-		underlying cause last	DUE TO: OR AS A CONSEQUE	and the second s	Deser	A.		
0		PART 2 OTHER SIGNIFICANT O	CONDITIONS CONTRIBUTING TO D	EATH BUT NOT RELATED TO	THE TERMINAL DISEASE OR	CONDITION GIVE	N IN PART 110	
1	Z	cara Pl	unter Via	well dis	ena D	· Per	2	
1	CERTIFICATION	190 DATE OF OPERATION	196 CONDITION FOR WHICH	OPERATION WAS PERFORM	NED 200 AUTOPS	20b. IF YES.	WERE FINDING	SLISED
2 2	FIC					IN CERTIFYI	ING CAUSES O	F DEATH?
6	RT	at according to the first	and the of human	- In 11001/1911/19	YES NO	73		но 🗌
00		210 ACCIDENT WAS UNDERLYING CONTRIBUTING CAUSE OF DEA		Y YEAR	RY OCCURRED (ENTER NATURE O	OF INJURY IN ITEM 18 PAR	T OR PART 2)	
59	CAL	(IF EITHER NOTIFY MEDICAL EXAMINER		19				
	MEDICAL	21d INJURY OCCURRED	21e PLACE OF INJURY	211 LOCATION	CIT	Y OR TOWN	COUNTY	STATE
morkedor	Σ	MHILE NOT WHILE AT WORK	(AT HOME STREET, FACTORY OFFICE F	ARM ETC)		ON TO WA		3,416
HO H			tal) attended the deceased from		19. 24 10 70	ed to	9 the	of (1) (we) ast
21 15			- 101	3/	ur) opinion death occurred on	the date and hour		
		abave, ((we) did) (did na	1) wew the bady after death.	DEGREE				
O		1 7 7	4-		ENDING & MEDICAL	STAFF	22c. DATE SI	GNED
TANT		Donegla Ky	I becourted		ENDING MEDICAL YSICIAN DIRECTOR P		5/10	166
TAP		224 PHYSICIAN'S NAME (TYPE O	R PRINT)	22e. ADDRESS	15 W. MC	WIGON	EXY	PUE
with the State		DOUBLAS R	SHUMAKER	MD 3	OLAVILLE	nop -	08.	3
3 1	23n B	URIAL, CREMATION, REMOVAL		IAME OF CEMETERY OR CRE				
		BURTAL	may 13 1981 1	ore Ochenia	WEN STATE	a Serie	COUNTY MI	MARE
	24 FE	NERAL DIRECTOR - 21	WITH TOUR	CON THEHOL	25s DATE REC D. BY RECOR	TRARIZSE REGISTRA	ARE DENIATED	
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15, 4)		WIND UNTUN	VY4SH.D.	C -	mrst 25 55 1956	- Lines min	Many-Man	S080



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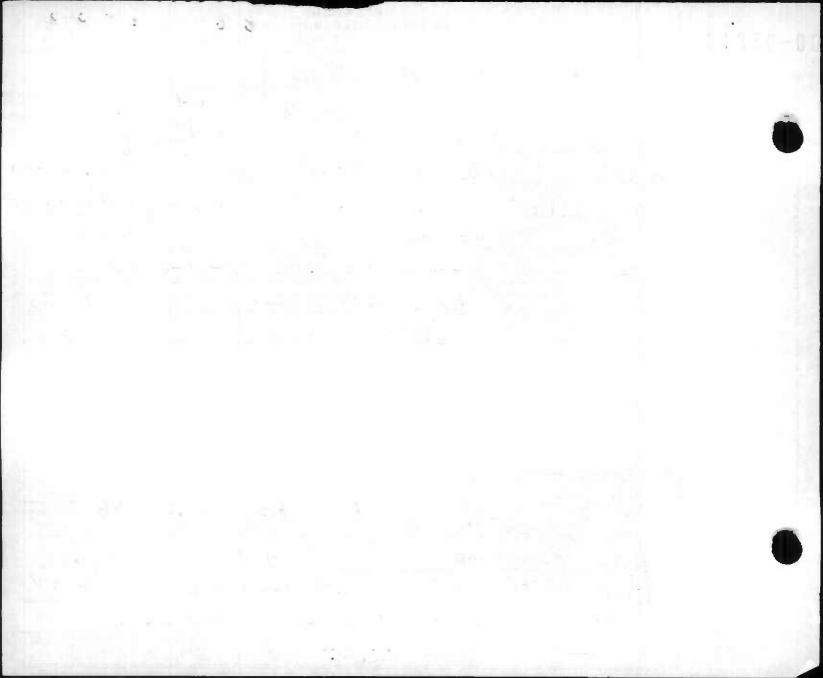
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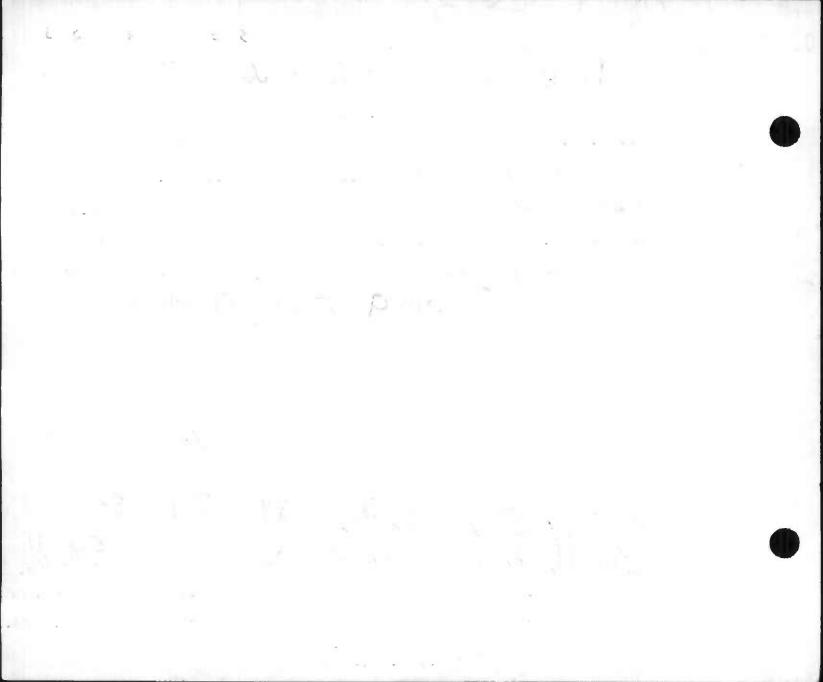
				STATE OF MARYLAND	MORGAN, HELEN	E 400
07332	1	FOR STATE REGISTRAR	DEPAR	RTMENT OF HEALTH AND MENT CERTIFICATE OF DEAT		2 14
		CEASED NAME PIRST	MIDDLE	LAST		HOUR
director, page 3 nours ofter death		Grac	e Helen	Morgan	5-16-86	330
free po	3. SE	X	4 RACE	5. DATE OF BIRTH		UNDER 2
oge v		emale	Caucasian	January 19, 19	919 67 YRS	
2 hod	/1	IRTHPLACE (STATE OR FOREIGN COUNTRY)	76. CITIZEN OF WHAT COUNTR	Y? 8 MARRIED NEVER MARR	9 BALTIMORE CITY OR COUNTY OF DEATH	
within 7	N	W Jersey	USA	WIDOWED X DIVORCE		10.10.15.0
d the	1		(IF NOT IN SUCH FACILITY, GIVE STR	EET ADDRESS)	120 USUAL OCCUPATION 12b, KIND OF BU	ilth
d in by be file	USU	thesda AL RESIDENCE (IF NURSING HOM	Suburban Hosp	CTAL ORE ADMISSIONS	Procurement Specialist Hi	umar
lled had been alled be	130.	STATE 13b CC			11 -1 - 1 - 1 - 1 - 1 - 1 - 1	090
tely for 2 sho		ATHER'S NAME	ragomery pacver	15 MOTHER'S MAI		0 900
npletely ond 2 sh		Silas	Strouse	Rebec	MIDDLE	
d con		WAS DECEASED EVER IN U.S.	ARMED FORCES? 166 SOCIAL SE		Son ADDRES 4808 Clavel S	tro
Poge Poge		YES, NO OR UNKNOWN) (IF YES	GIVE WAR OR DATES) 148-09-	7674 Dennis Wo		853
ers.			only one couse per line for (o), (b),	and ic	APPROXIMATE BETWEEN ONSE	_
A Second			DIATE CAUSE (6) CHAS	NIC MYCLO GER	Jous Lenkenia 7 4	12-
(Po 2) o	1	INVINCE		WENCE OF		
		Conditions, if ony, which	DUE TO, OR AS A CONSEC	VOENCE OF		
# # 10 11		gove rise to immediate couse (0), stating the	DUE TO, OR AS A CONSEC	DUENICE OF		
by the ose		underlying couse lost	DOE TO, OR AS A CONSEC	VOENCE OF		
signed hen ple to burio	Z	PART 2. OTHER SIGNIFICAN	NT CONDITIONS CONTRIBUTING T	O DEATH BUT NOT RELATED TO T	HE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110	
been mit T prior ony in	CERTIFICATION	19a. DATE OF OPERATION	19b. CONDITION FOR WHI	CH OPERATION WAS PERFORMED		USED
hos hos	\ E				YES NOW YES NO	DEATH
physicion physicion tificote h di-tronsit ol Hygier m 18 sh	CER	21a. ACCIDENT WAS UNDERLYING		DAY YEAR 21c. HOW INJURY	OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART LOR PART ?)	
PHYSICIAN: anding phys this certifico te buriol-tror ad Mentol Hy d or Item 18		OR CONTRIBUTING CAUSE OF	DEATH	19		
his compand we have	MEDICAL	21d INJURY OCCURRED	21e PLACE OF INJURY	211 LOCATION	CITY OR TOWN COUNTY	STA
of poster of the of the order o	>	AT WORK NOT WHILE AT WORK	AT HOME STREET, FACTORY, OFFIC	c, ream, c/C j	~	
NDIP T or T or We of Aleolt			ospital) attended the deceased from		00 to 5-16 19 86 that	(II (we
R ATTEN hospitol RECTOR red for us ppt. of He		sow the deceased alive	on 19 not view the bady after death.	6 ond that in (my) (our)	opinion death occurred on the date and hour and from the cous	es stote
O		22b. SIGNATURE	P	DEGREE	221. DATE SIG	NED
1 + 1 + 0 -		Killand 1	d'allen	ATTEN PHYSI	IDING MEDICAL STAFF	-
FUNERAL PURERAL PURERAL PURERAL PURERAL PORTANT:		22d PHYSICIAN'S NAME (TY		22e ADDRESS	· LET	w2L
TO HOSPITA retoined by TO FUNERA should be de with the Stot		H GRAPIN	. POLLEY 1	1) 10 400	CONNECTICUT Are	mo
F = 1 3 ₹	23a.	BURIAL, CREMATION, REMOV	'AL 23b. DATE 23	NAME OF CEMETERY OR CREM	ATORY 23d LOCATION	
BP		Burial	May 20, 1986 (Pate of Heaven C	Cemetery Silver Spring Montgom	iery
DHMH - 16 60M 7/84	24 F	UNERAL DIRECTOR France	cis J. Collins	Ir.	250 DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE	dalic
(VRA 15, 4)	50	O University 1	Blvd. W. Silver	Spring, Md.	250 DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE	



1				STATE	OF MARTLAND					
0-05816	FOR STATE REGISTRAR				CATE OF DEATH	1	6 REG. NO		9 6) 5
9 99 4	1. DECEASED NAME (TYPE OR PRINT)	-homas	C	More	OULOS OULOS			5 3	868	2116 M
ge 4 mo	1. SEX Male	4. RACE	thite	5. DATE O	DAY YEA	B/	GE (IN YEARS LAST BIRT	YRS.	S OAYS H	FUNDER 24 HRS HOURS MINL
Of the south of th	BIRTHPLACE (STATE COUNTRY)	-	ZEN OF WHAT COUNTS	WIDOWE			1 1 1 1 1 1	omer)	MD.
to other	TO CITY OF TOWN OF	5	ME OF HOSPITAL, NUR OT INSUCHEACILITY, ONE ST	REET ADDRESS)	Advent	CTYPI	USUAL OCCUPATI OF WORK FOR MOST O NUM 1 C/G	WORKING LIFET IN	JOHSTRY	employe
AND 213	USUAL RESIDENCE (IF	HURSING HOME OR OTHER IN 136 COUNTY	STITUTION, GIV RESIDENCE BE 13c. CITY OR TO	OWN	13d. INSIDE CITY LIM YES NO [TREET ADDRESS	Ring U	Illiam	Cf 208
MARYL and 2 or	George	MIDDLE	Moropou.		15. MOTHER'S MAID	EN NAME	WIDDLE		nganas	
IMORE,	YES, NO OR UNKNOWN				Barah B. M	loropou	los-wife			
V ST., BAL certificate mg physica thompaper removal	18. CAUSE OF DI PART I. DEATI	IMMEDIATE CAUS		nn	refasta	ses			BETWEEN ON	SET AND DEATH
ives that the death uses that the death good by the amone co is please remove co burials cremation, or ty, or other trasemal	PART 2 OTHER S	any, which immediate ating the ause lost.	JE TO, OR AS A CONSE (b) JE TO, OR AS A CONSE (c) TONS CONTRIBUTING	OUENCE OF	NOT RELATED TO TH	IE TERMINAL	DISEASE OR CON	DITION GIVEN II	N PART Ita	7/
AL RECORDS The law requirement to be the second to the sec	190. DATE OF OPE	RATION 191	CONDITION FOR WH	IICH OPERATIO	N WAS PERFORMED		a AUTOPSY?	20b. IF YES, WE IN CERTIFYING YES	G CAUSES O	
NG PHYSICIAN T offending physic offending physic the this terrificate on the buriol Homa the and Mentol Hygi	OR CONTRIBUTING	CAUSE OF DEATH MEDICAL EXAMINER)	D. TIME OF INJURY HOUR A.M. MONTH P.M. PLACE OF INJURY	DAY YEAR	21c. HOW INJURY C	OCCURRED (ENTER NATURE OF INJUI			
DIVISIO BNG PH After this os the b th and y	AT WORK	T WHILE WORK	THOME, STREET, FACTORY, OFF		STREET	6) 2	Morr 2	wn	COUNTY	STATE
ATTEND spiral o scillar.	saw the dec abave, (I) (w			9 86 , ar	d that in (my) (our) o	0	occurred on the de	ote and haur and	from the ca	
TALOR PALDRE Gentucke Geo	PRISIGNATURE	Therer	mo		DEGREE ATTEND PHYSIC	OING ME	DICAL STAI ECTOR PHYSIC	FF CIAN []	May 4,	
O HOSFITAL framed by the Control of Christman of Control of Contro	PHYSICIAN	Sherer	mp		27e ADDRESS 39147	Ferr		· Wh	eaton	mol.
BP	230. BURIAL, CREMATK	tion Ma	ay 6, 1986		Crematory	7		ton, DC		STATE
DHMH - 16 50M 4/83 (VRA 15, 4)	Hinesy Rina	ldi Funera	1 Home 148 Silver	Spring	Ave.,	MAY	6 1986	25h. REGISTRAR	SSIGNATUR	rendaliza



		١.	STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE (2) 4 4 5 6 6
00	-06342	L	- STATE REGISTRAR BLAIR L. MULLICAN, JGERTIFICATE OF DEATH REG. NO. TO DATE OF DEATH, MONTH, DAY, YEAR, 126 HOUR
	moy be poge 3		CEASED NAME BIGIR L. MY CAY LO DATE OF DEATH MONTH DAY YEAR 126. HOUR 1 A. M
		3. SE	X 4. RACE 5. DATE OF BIRTH 6. AGE (IN YEARS LAST BIRTHDAY) IF UNDER 1 YEAR IF UNDER 24 HRS MONTH DAY YEAR MONTHS DAYS HOURS MIN.
4	Poge 4	1. 0	Male Caucasian Oct. 9, 1933 52 YRS. MALE OR FOREIGN / D. CITIZEN OF WHAT COUNTRY? 8
	deoth. P		IRTHPLACE (STATE ORFOREGN 16. CITIZEN OF WHAT COUNTRY? 8 MARRIED IN NEVER MARRIED 9. BALTIMORE CITY OR COUNTY OF DEATH WIDOWED DIVORCED MONTGOMERY MD.
10	s offer d		ilver Spring 10807 Ten Brook Dr., 20901 126. USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY Elec., Eng. GSA
AND 212	filled in	13e.	AL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) STATE 136 COUNTY 137. CITY OR TOWN 13d INSIDE CITY LIMITS? 13e.STREET ADDRESS / ZIP CODE Arrange Mont-Silver Spring YES □ NO ▼ 10807 Ten Brook Dr., 20901
RYL/	within a start within	14. F.	ATHER'S NAME 15. MOTHER'S MAIDEN NAME FIRST MIDDLE LAST FIRST MIDDLE LAST
W.	complete complete s 1 and 2	4	Blair L. Mullican, Sr. Thelma Carter
MORE	n and co	160	WAS DECEASED EVER IN U.S. ARMED FORCES? 166. SOCIAL SECURITY NO. 17. INFORMANT ADDRESS YES Korean 217-28-8436 Patricia A. Mullican-Same as item 13
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 2120	s that the death certificate by the attending physician lease remove corbon papers, rial, cremation, or removal.		PART I. DEATH (Enter only one cause of line for (a)) (b), and (c) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gove rise to immediate cause (a), stating the underlying cause lost. (c)
RDS, 20	signe hen p to bu	NO.	PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110.
AL RECO	IN: The low rehysicion. Icote hos been ronsit permit. Thygiene prior.	CERTIFICATION	196 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 206 AUTOPSY? 206. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES NO 197 NO 19
T V	iYSICIAN: The ding physicio physicio certificate buriol-tronsit Mental Hygie		710. ACCIDENT WAS UNDERLYING TO ACCIDENT WAS UNDERLYING TO CAUSE OF DEATH OUR A.M. MONTH DAY YEAR 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART LORPART 2)
O	HYSICIAN Iding ph ins certific buriol-tr Mentol.	MEDICAL	(# EITHER, NOTIFY MEDICAL EXAMINER) P.M. 19 21d INJURY OCCURRED 21e, PLACE OF INJURY 21f LOCATION
IVISIO		WE	WHILE IN OIL WHILE AT WORK AT WORK AT WORK AT WORK
٥	THE OFF		276 L certify that (I) (this haspital) attended the deceased from
	이후 이상이 =		ATTENDIN MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN
	O HOSPITAL efoined by 1 TO FUNERAL should be de with the Stott		Carroll D. Mahoney 10301 Georgia Ave., Silver Spring, M
		23a	BURIAL CREMATION, REMOVAL 23b DATE 23c NAME OF CEMETERY OR CREMATORY SILVER Spring, Mont., Md
	BP	0.4.5	J/13/00 Gate OI neaven
	DHMH - 16 50M 4/83 (VRA 15, 4)		Takona Funeral Home—Wash., D. C.20012
			MAY 1 3 1900 7



0-06366	6	1 -	FOR STATE REGISTRAR		DEPARTA	AENT OF HE	OF MARYLAND ALTH AND MENTAL HYG CATE OF DEATH	REG. NO.	4967
may be	-		- N	4 RACE	L.	5. DATE OF		20 DATE OF DEATH MONTH 6. AGE (IN YEARS LAST BIRTHDAY)	DAY YEAR 26 HOUR IF UNDER I YEAR IF UNDERSTAINS MIN.
4 9 8 9 8 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9			Female	White		July	10,1899	86 YRS	
de oth. Po	4	5 9	Pennsylvania	USA	WHAT COUNTRY?	WIDOWE	t-and	Montgomery	TY OF DEATH MD.
s offer of	11		coma Park				COTHER INSTITUTION	12d USUAL OCCUPATION 1 TYPE OF WORK FOR MOST OF WORKING AT HOUSEWIFE	126 KIND OF BUSINESS OR INDUSTRY
filled in evilit be	3	3a 5	AL RESIDENCE (IF NURSING HOME OF TATE 136 COUNTY		GIVE RESIDENCE BEFORE BY CITY OR TOW Arlingt		13d. INSIDE CITY LIMITS? YES 🕇 NO 🗌	130 STREET ADDRESS / ZIP CO	shing Drive
BALLIMORE, MARYLAND cate be executed within 24 species and completely falls species and completely falls and the resolution of the second seco	20	/	THER'S NAME George In	rving	LeBar		15. MOTHER'S MAIDEN NAME Cora	Mae Uno	obtainable
be execut	3	{ Y	(AS DECEASED EVER IN U.S. AR es, no or unknown) (if yes, gir N/A	MED FORCES?	166 SOCIAL SECU			t. Adm. of M & 1 1- 6000 N.H. Ave	
201 W. PRESTON ST., B is that the death certifica ed by the otherdial phy please remove cortain pri prical, cremation, or remove or other traumatic events.			PART I. DEATH WAS CAUSE IMMEDIA Canditions, if ony, which gove rise to immediate couse (o), storing the underlying cause last	DUE TO, OR	Cerebra	NCE OF E	Embolism	Accident the Atrial arrhyth	
		CERTIFICATION	Dia betes	Melli 19 CONDI	THE	EATH BUT N	OT RELATED TO THE TERM	INAL DISEASE OR CONDITION G	ES, WERE FINDINGS USED BYING CAUSES OF BEATH? FES NO NO
DIVISION OF VITAL RECORDS, DIVISION OF VITAL RECORDS, CONTROL OF INTERPRETATION OF THE PARTY OF		MEDICAL CE	21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE- (IF ETHER NOTEY MEDICAL EXAMINE) 21d. INJURY OCCURRED WHILE AT WORK 22a. E certify that (1) (the hasp	P.A 21e. PLACE C (AT HOME, STRI	MONTH DA	19	21f LOCATION STREET	RED (ENTER NATURE OF INJURY IN ITEM II	COUNTY STATE
PITAL OR ATTEN by the huppted EEAL DRECTOR Stote Dept. of He			saw the deceased alive an obave, (1) (x) (did) (did no 72b. SIGNATURE	. 5/8/	860 10	, and	EGREE ATTENDING PHYSICIAN 22e ADDRESS	DIRECTOR PHYSICIAN	221. DAJE SJÖNED
on HOS on Fun think	1		NORTON	EL	SON		6525 Delcres	st Kd Hyattsvi	116 MD 2078 Z

DHMH - 16 60M 7/B4

(VRA 15, 4)

23a BURIAL, CREMATION, REMOVAL 23b. DATE Cremation

234 NAME OF CEMETERY OR CREMATORY

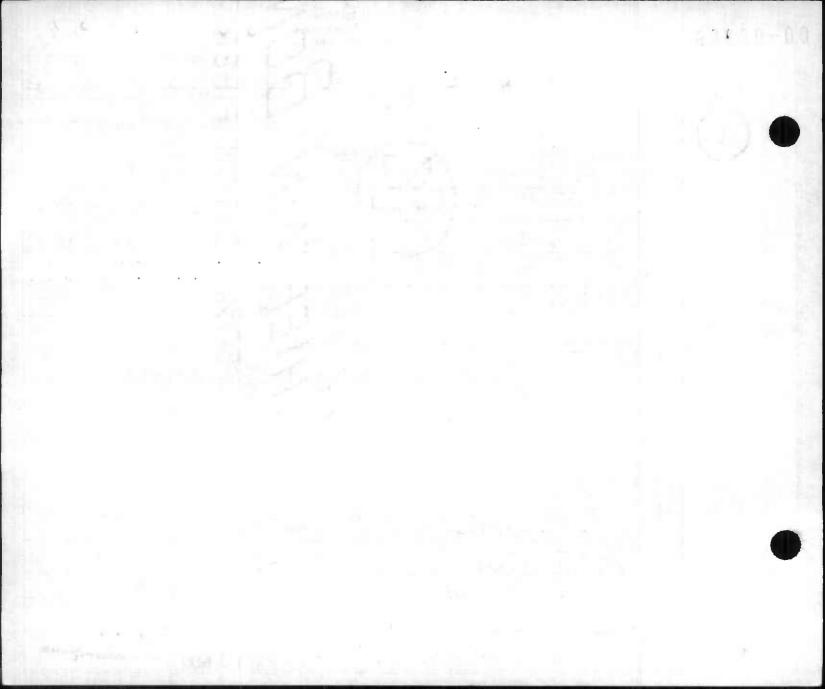
Cremation 5-13-1986 Lee's Crematory
14 FUNERAL DIRECTOR 11800 New Hamp. Ave.
Hines / Rinaldi Silver Spring, Md. 24 FUNERAL DIRECTOR

Washington, D.C.

Washington, D.C.

AND DATE REC'D. BY REGISTRAR 256 REGISTRAB'S SIGNATURE

MAY 1 3 1986 Give Davidon Wander



	STATE OF MARYLAN
	STATE OF MAKTLAN
	DEPARTMENT OF HEALTH AND MI
E	

FOR STATE REGISTRAR		DEPARTMENT OF CERTI	HEALTH AND		IENE 8 6	40	4 4	6 8	
DECEASED NAME	FIRST M	IDDLE	LAST		20 DATE OF DEATH	MONTH D	DAY YEAR	Zb HOUR	
TYPE OR PRINT)	MARIA	myk	OLAI	ENKO	r	nAU &	26 1986	9:35	PM
1 SEX	4 RACE		OF BIRTH		6 AGE IN YEARS LAST BE		IF UNDER I YEAR	IF UNDER 24	HRS
Female	white	Aug	· 10°	1908	77	YRS	AONTHS DAYS	HOURS A	WIN.
. BIRTHPLACE (STATE OR FO		VHAT COUNTRY? 8		9 BALTIMORE CITY	OR COUNTY	OF DEATH			
Poland	Permanen	t resident DOW	VED 🔀	MARRIED DIVORCED	Montgome	ry			MD.
10 CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME C				ISTITUTION	17a USUAL OCCUPAT			F BUSINESS	OR
BETHESDA	SUBUR	CHACILITY, GIVE STREET ADDRESS) REAN HOSPITAL			Homemak			home	
USUAL RESIDENCE (IF NURSING	ME OR OTHER INSTITUTION,	GIVE RESIDENCE BEFORE ADMISSION		CITY LIMITS?	13e STREET ADDRESS	/ ZIP CODE	0	771	2
Maryland Pr	100	Mt. Rainier		№ □	3204 Bunk			,,,	
4 FATHER'S NAME			15 MOTHE	R'S MAIDEN NA	WE				
Joseph	MIDDLE	arzynski		Maria	WIDDIE		(unob ta		e)
6 WAS DECEASED EVER IN		166 SOCIAL SECURITY NO.	17_INFORA	MANT	ADDR			20904	
N/A	(IF YES GIVE WAR OR DATES) N/A	207-26-4949A	Ostap	Zynjuk-	nephew-125	23 Mon	tclair		
18 CAUSE OF DEATH	(Enter anly ane cause per l						APPROX	MATE INTERVA	1

PART I. DEATH WAS CAUS	nly one cause per line far (a) (b), and (c) ED BY: CARCIO RESPIRATORY ARREST TE CAUSE (a)	BETWEEN ONSET AND DEATH I M MEDIA?
Canditians, if any, which gave rise to immediate cause (a), stating the underlying cause last	DUE TO, OR AS A CONSEQUENCE OF DUE TO, OR AS A CONSEQUENCE OF	4 MONTHS
PART 2 OTHER SIGNIFICANT	(c) (c) (CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITIONS CONTRIBUTING TO THE TERMINAL DISEASE OR CONDITIONS CONTRIBUTIONS CONTRIBUTING TO THE TERMINAL DISEASE OR CONDITIONS CONTRIBUTIONS CONTRIB	

CONGESTIVE PAROMONI 19

20b. IF YES, WERE FINDINGS USED 19h CONDITION FOR WHICH OPERATION WAS PERFORMED 190 DATE OF OPERATION IN CERTIFYING CAUSES OF DEATH? YES . NOX

71a. ACCIDENT WAS UNDERLYING 216. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING _ CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER) 21e PLACE OF INJURY 211 LOCATION

NOT WHILE and that in (my) rewr) apinian death accurred an the date and haur and Iram the causes stated

abave, (1) (we) did (did nat) view the bady after death DEGREE

ATTENDING ATTENDING MEDICAL STAFF
PHYSICIAN DIRECTOR PHYSICIAN 27d. PHYSICIAN'S NAME (TYPE OR PRINT)

5480 wisconsin And - Chery Cher Md LUIS BENTOLILA 23c NAME OF CEMETERY OR CREMATORY 230 BURIAL, CREMATION, REMOVAL 23b. DATE

May 29, 1986 Ukrainian Orthodox Burial

AT HOME STREET FACTORY OFFICE FARM ETC.)

South Bound Brook

CITY OR TOWN

COUNTY

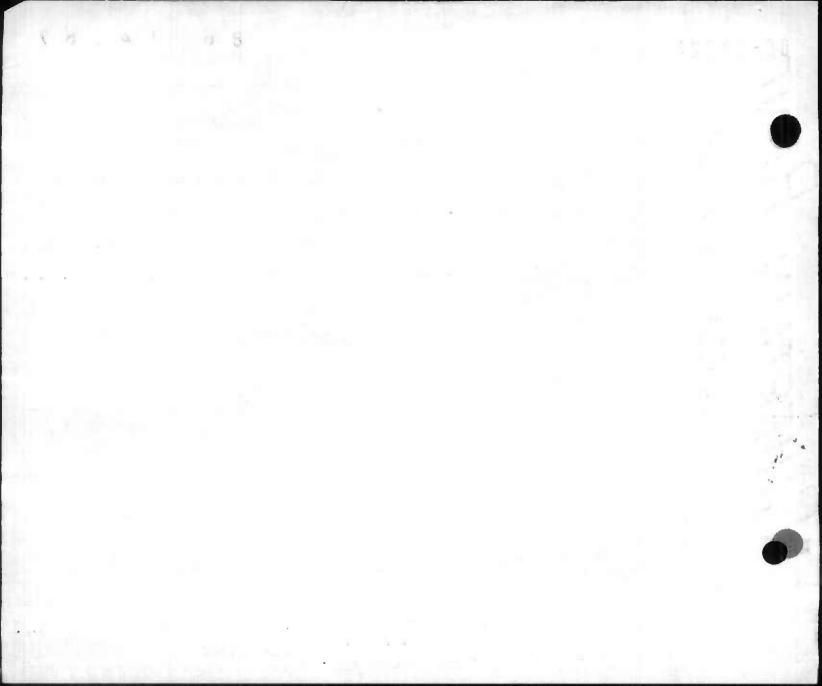
STATE

250. DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATUR

DHMH - 16 60M 7/B4

11800 N.H. Ave., 24 FUNERAL DIRECTOR Hines TRinaldi Funeral Home Silver Spring, Md.

(VRA 15, 4)



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I =	F	20	÷	0	
TO HOSPITAL OR ATTENDING PHYSICIAN: he law requires that the death certificate be executed within 24 hours after death. To retained by the haspital or offending physician.	TO FUNERAL DIRECTOR. After this certificate has been signed by the attending physician and complete visional discounting the standard discounting	should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 yearld be 4 within 72 ha	with the State Dept. of Health and Mental Hygiene priar to burial, cremation, ar remayal.	IMPORTANT: If Item 21 is marked or Item 18 shaws any injury, or ather troumatic event, the medical expan	

FOR STATE REGISTRAR

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE **CERTIFICATE OF DEATH**

1.	-	A	(1)	7	- 1
0		Guj	1	1	8
REG. NO.					

				KEO: THE		
DEGEASED NAME FIRST	WIDDLE	1	LAST	20. DATE OF DEATH	MONTH DAY YEAR	26 HOUR
	CARLA JEAN NELI	ES		MAY 4 19	86	9:10
SEX	4. RACE	5. DATE C	OF BIRTH	6. AGE (IN YEARS LAST BIRT	HDAY) IF UNDER 1 YEAR	IF UNDER 24 HRS
FEMALE	CAUCASIAN	JULY	7 27 1929 YEAR	56	YRS.	HOURS MIN.
BIRTHPLACE (STATE OR FOREIGN	76. CITIZEN OF WHAT COUL	NTRY? 8.	D NEVER MARRIED	9. BALTIMORE CITY O	R COUNTY OF DEATH	
EW YORK	UNITED STATE	ES WIDOWE	ED DIVORCED	MONTGO		М
BETHESDA	I. NAME OF HOSPITAL, N (IF NOT IN SUCH FACILITY, GIVE NAVAL			120 USUAL OCCUPATION REGISTERED	F WORKING LIFE) INDUSTRY	OF BUSINESS OF
UAL RESIDENCE (IF NURSING HOME ISTATE 131-CO IRGINIA FAI		RTOWN	13d INSIDE CITY LIMITS?	136 STREET ADDRESS / 8340 GREEN	SBORO DRIVE	22102
FATHER'S NAME FIRST CARL NELI	MIDDLE LA	ST	15. MOTHER'S MAIDEN NA.	ME GUNN MIDDLE	1/	AST
WAS DECEASED EVER IN U.S.		L SECURITY NO.	17 INFORMANT	ADDRE	SS	
(YES, NO OR UNKNOWN) (IF YES,	GIVE WAR OR DATES)	24-0203	JEAN E. REIS,	8340 GREENS	BORO DRIVE.	APT 32:
	anly ane cause per line far (a),		MCLEAN, VA			XIMATE INTERVAL
	T CONDITIONS CONTRIBUTION		34	NINAL DISEASE OR CONT	206. IF YES, WERE FIND	
190 DATE OF OPERATION 210. ACCIDENT WAS UNDERLYING	TW. CONDITION TORK	WHICH OF ERADE	STAN ONNED	YES X NO	IN CERTIFYING CAUSE YES X	
710. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF (IF EITHER, NOTIFY MEDICAL EXAM) 21d. INJURY OCCURRED		H DAY YEAR	21c HOW INJURY OCCUR	RED (ENTER NATURE OF INJUR	RY IN ITEM 18 PART 1 OR PART 2)	
21d. INJURY OCCURRED WHILE NOT WHILE AT WORK	21e. PLACE OF INJURY		211. LOCATION STREET	CITY OR TO	wn COUNTY	STATE
22a.1 certify that (1) (this ha	spital) attended the deceased on MAY 4 not) view the bady after death.	110111	PRIL 16 , 19 86 and that in (my) (our) apinion	, to MAY death accurred on the do		, that (f) (we) la e causes stated
22b. SIGNATURE	Muly MA	,	DEGREE ATTENDING PHYSICIAN		IAN D 57	TAY 86
22d. PHYSICIAL'S NAME (TYPE)	EGAN, LT, MC,	USN	22e ADDRESS NAVAL NATIONAL CAP		NAVAL MEDICA BETHESDA	
BURIAL, CREMATION, REMOV	Marie Control		CEMETERY OR CREMATORY	23d LOCATION	, DEITHEODA,	2001
(SPECIFY) Cremation	May 6, 1986	Metropo	litan Cremato	ry CITATexa	ndria, Virg	inia STATE

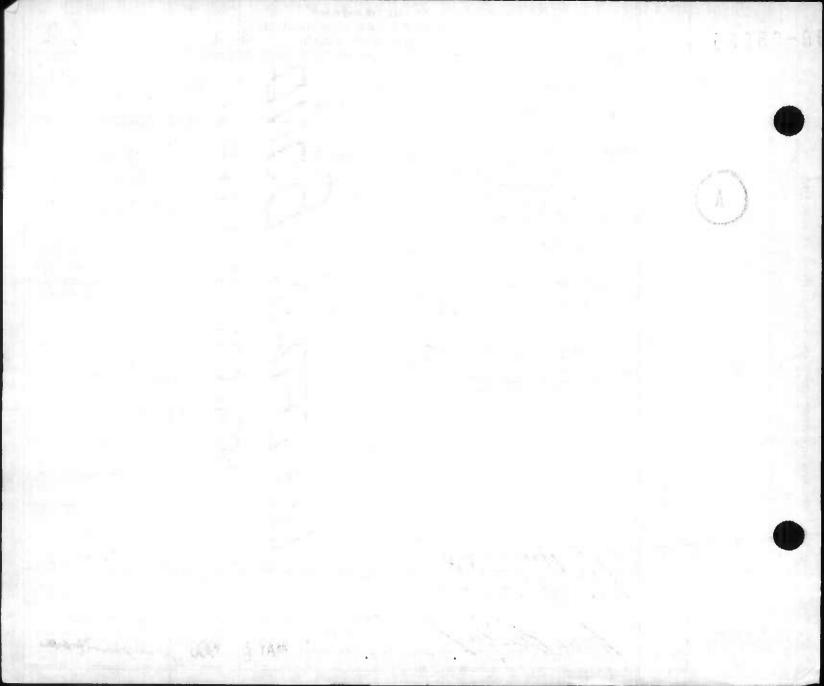
DHMH - 16 60M 7/84

TO HOSPITAL OR ATTEN

BP.

(VRA 15, 4)

Vienna 750. Date REC'D. BY REGISTRAR 3 SIGNATURAL Vienna FH, 171 W. ADMAPLE Ave. Virginia MAY 8 1986



STATE OF MARYLAND

Mt. Comfort Crematory

ATEX VA

35e DATE REC'D. BY REGISTRAR 25b. REGISTRAR'S SIGNATURE

COUNTY

STATE

DHMH - 16 60M 7/84 (VRA 15, 4)

Cremation

24 FUNERAL DIRECTOR Joseph Gawler's Sons, Inc.

NAME 5130 WI Ave. NW Wash., ADDE 20016

The second second

)%(

STATE OF MARYLAND

DHMH - 16 60M 7/B4 (VRA\15, 4)

d b PORTA

230. BURIAL, CREMATION, REMOVAL

BURIAL

FORT LINCOLIN CEMETERY BRENTWOOD PRINCE GEO. MARYLAND 250. DATE REC'D. BY REGISTRAR 25b. REGISTRAR'S SIGNATURE

22e ADDRE

23c NAME OF CEMETERY OR CREMATORY

FRANCIS J. COLLINS, JR. 500 UNIVERSITY BLVD. WEST SILVER SPRING.

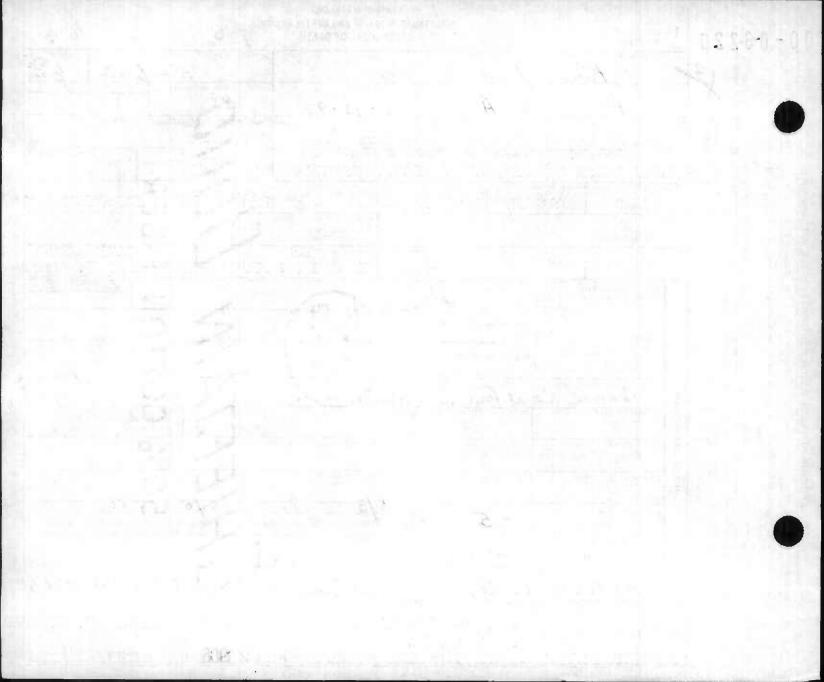
23d. LOCATION

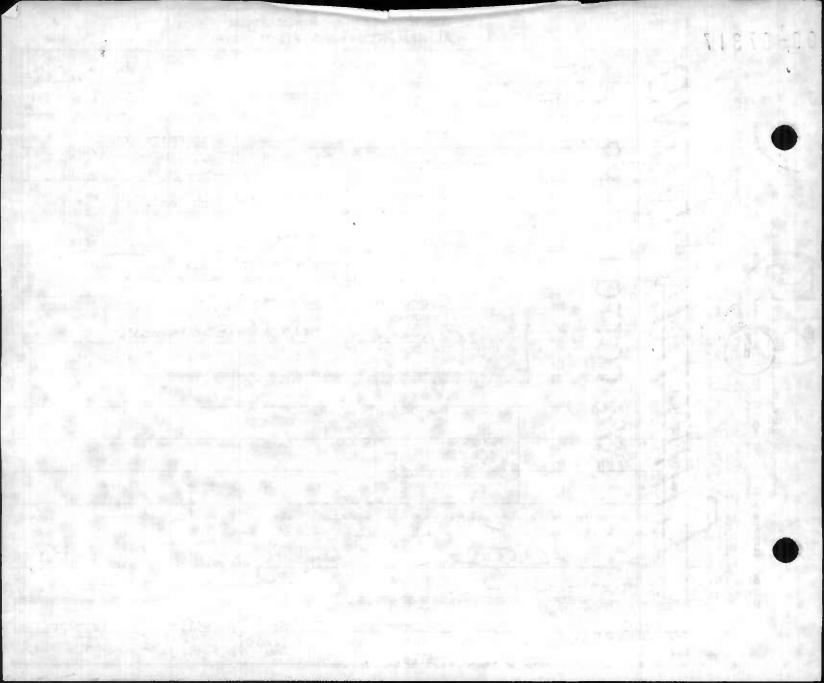
Wed 5. # 25 S. S. Not 20903

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FOR

STATE	OF	MARYLAND	
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DEPARTMENT OF HEALTH AND MENTAL HYGIENE

		-	
6	4	9	44
REG. NO.			

3	1-	STATE REGISTRAR		(ERTIFI	CATE OF DEATH	8 (REG. NO.	6	7 1	6.3	
		CEASED NAME FIRST LUK	MIDDLE J.		^	Jolan Se.	2a DATE OF D	EATH MONTH	21-81		HOUR 5 A M	
1	3. SEX		4 RACE	5.	DATEO	F BIRTH	6 AGE (IN YEAR	S LAST BIRTHDAY)	IF UNDER 1 Y	Court of the Court	JNDER 24 HRS	
1	N	Male	Caucasi	an	Oct.	3. 1924	6	1 yrs		75	UKS MIN.	
		RTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WHA	T COUNTRY? 8		1"	9 BALTIMORE	CITY OR COUN	TY OF DEAT	Н		
4	N	vew York	United S		MARRIED		Montg	omery (County	7	MD.	
1	10 CI	TY OR TOWN OF DEATH		ITAL, NURSING	HOME O	R OTHER INSTITUTION	12e USUAL OC	CUPATION	12b. KIN	D OF BU	SINESS OR	
1	V	Vheaton		lare-Wh		on	Prope	anager	Goi	ern	ment	
-	10 0	TATE 130 COU	ROTHER INSTITUTION GIVE F	RESIDENCE BEFORE ADA	MISSION)	13d. INSIDE CITY LIMITS?		DRESS / ZIP CO	DDF 20	895	11/2-	
	Ma	ryland Mon	tgomeryKe	ensingt	on	YES X NO	3927	Washin	gton S	Stre	et	
	14. FA	THER'S NAME	MIDDLE	LAST		15. MOTHER'S MAIDEN NA		MIDDLE	- 11	LAST		
		Robert	No	olan		Josephin	е		Moor	ney		
٦	16a. W	VAS DECEASED EVER IN U.S. AI	VE WAR OR OATES	SOCIAL SECURIT	1	17. INFORMANT	_	ADDRESS				
1	Y	(ES NO OR UNKNOWN) (IEYES C	II 05	7-18-7	965	Alice W. N	olan,	same as				
		18 CAUSE OF DEATH (Enter a PART I, DEATH WAS CAUS	nly ane cause per line	for by the and it	44 -	+	N		BETW	PROXIMATI	INTERVAL T AND DEATH	
			TE CAUSE (a)	Nespe	La	long arres	y		10	7 14	11/1/5	(
			DUE TO, OR	L'EORDE BURNO	(PT)	INTERCORA	11 Al PR	ESSUR	x 3	01	LYC	
		Conditions, if any, which gave rise to immediate	((b)	CILA	160	1/0 (10/10/11/10	IIIC IN	C27 01/		27	1 -	
		cause (a), stofing the underlying cause lost				TUMOR -	PR11	MARY	13	M	SNTH	(
	Z	PART 2 OTHER SIGNIFICANT	CONDITIONS CONTR	RIBUTING TO DEA	ATH BUT	NOT RELATED TO THE TERM	NNAL DISEASE O	OR CONDITION (GIVEN IN PAR	ll Ita		
0	CERTIFICATION	19e DATE OF OPERATION	119b. CONDITION	N FOR WHICH OF	PERATION	N WAS PERFORMED	20c AUTOPS		YES, WERE FI			
2	IFIC	MARCH 1985	BRAIN	1-101	NOK		YES 🗆 🗅	10 LE	RTIFYING CAL YES 🗍		DEATH?	
	CERI	210. ACCIDENT WAS UNDERLYING	216. TIME OF IN		VEAR	21c. HOW INJURY OCCUR	RED (ENTERNATUE	RE OF INJURY IN ITEM	IB PART I OR PAR	1 2}		
1	AL	OR CONTRIBUTING CAUSE OF DE	AIH	MONTH DAY	YEAR 19							
	MEDICAL	21d. INJURY OCCURRED	21e. PLACE OF IN			21f LOCATION STREET		CITY OR TOWN	COUNT	Y	STATE	
	×	WHILE NOT WHILE AT WORK	(AT HOME STREET F	ACTORY OFFICE, FARM	A, ETC)	/	44	21	01			
	h) (220.1 certify that (1) (this hasp	oital) prended the de	ceosed from	Jan	1985		reg of	19.86	, that	(II (we) lost	
		saw the deceased alive o		deoth.	an. an	d that in (my) (out) opinion	death occurred	or the dote and I	hour and from	the cou	ses stated	
		726 SIGNATURE	/. 0	m	[DEGREE			22€. D	ATE SIG	NED	
	1	Joseph /	ann,	111/		ATTENDING PHYSICIAN	MEDICAL DIRECTOR	STAFF PHYSICIAN	Inc	24 0	1,198	6
7	6	WE HEYEVERN'S NAME (TYPE	OR PRINT	mo		22e ADDRESS	1		R Rot	Los	a MI	?
		JOSEPH V.	CONNOR	110		1400 ULD	UEORG	- TOWN	10	208	114	
	23a. B	BURIAL, CREMATION, REMOVA	May	/3c. NA		EMETERY OR CREMATORY	23d LOCATI	TOWN	COUNTY		STATE	ď
		SPECHY Burial	23, 198				m S11	ver Spi	ring,	Mar	1	
	24 FU	UNERAL DIRECTOR Rober		hrey Fi	uner	al Home 30 DAT	IE REC'D. BY REC	GISTRAR 25b. REG	SISTRAR'S SIG	762	della	
	15	557 Wisconsin	1 Ave. Bet	nesda,	MD 2	20814 PA MA	N 221	186 Seath	1 02 300			

DHMH - 16 60M 7/84 (VRA 15, 4)

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STATE	OF	MARYL	AND
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DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

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REG. NO.				-

59-	FOR STATE REGISTRAR			EALTH AND MENTAL HYO ICATE OF DEATH	GIENE 8 6	14975
	CEASED NAME FIRST	MIDDLE	ą.	AST	20. DATE OF DEATH MONTH	
(,,,,,	Farold	R.	No	orris	May 12, 198	- ///
3 SE)		4 RACE	5. DATE C	25. 1912 YEAR	6 AGE (IN YEARS LAST BIRTHDAY)	MONTHS DATS HOURS MIN.
3 04	Male	White		25, 1912	9 BALTIMORE CITY OR COL	RS.
	RTHPLACE (STATE OR FOREIGN COUNTRY) Kambas	76 CITIZEN OF WHAT CO	MARRIE		Montgomery	MD.
C	ty or town of DEATH	11. NAME OF HOSPITAL (IF NOT IN SUCH FACILITY, O	t Avenue	DR OTHER INSTITUTION	120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORK ACCOUNTANT	12b. KIND OF BUSINESS OR INDUSTRY Nat. Educ. Assn.
USUA	AL RESIDENCE (IF NURSING HOME COTATE 13b. COL	INTY 13c CITY	OR TOWN Vy Chase	13d. INSIDE CITY LIMITS? YES 🔼 NO 🗌	13e.SIREET ADDRESS / ZIP 6	Avenue/20815
FA	ATHER'S NAME FIRST Levi	MIDDLE	Norris	15. MOTHER'S MAIDEN NA	MIDDLE	Duncan
	VAS DECEASED EVER IN U.S. A		-01-3262	Marie T. No	ADDRESS	ress as #13.
	18 CAUSE OF DEATH (Enter of PART I, DEATH WAS CAUS	anly one cause per line far to	al, (b), and (c)			APPROXIMATE INTERVAL BETWEEN ONE! AND DEATH
		ATE CAUSE (o)	rein	mobile		moure
	Conditions, if ony, which	DUE TO, OR AS A CO	ONSEQUENCE OF	- 6	about .	- 12 200
NO	gove rise to immediate cause (o), stating the underlying couse last. PART 2 OTHER SIGNIFICANT	DUE TO, OR AS A CO		NOT RELATED TO THE TERA	minal disease or conditioi	N GIVEN IN PART Tra
CERTIFICATION	19a DATE OF OPERATION	196 CONDITION FO	R WHICH OPERATIO	N WAS PERFORMED		IF YES, WERE FINDINGS USED ERTIFYING CAUSES OF DEATH? YES \(\bigcap \)
CAL CER	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF D (IF EITHER NOTIFY MEDICAL EXAMIN	EATH HOUR A.M. MOI		21c HOW INJURY OCCUR	RRED (ENTER NATURE OF INJURY IN ITE	transit transit
MEDII	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK	21e PLACE OF INJUR (AT HOME, STREET, FACTOR		211. LOCATION STREET	CITY OR TOWN	COUNTY STATE
	220.1 certify that (I) (this has sow the deceased alive a chara. (I) (was) (dish (dish dish a)	Annual Park	_19 & 6, a	nd that in (my) (pur) opinion	death accurred on the date on	2., 19. , that (1) (we) last d haur and from the couses stated
+	22b. SISMATURE 22d. PHYSICIAN'S NAME (1YPE	. Title T	1. Th	ATTENDING PHYSICIAN 276 ADDRESS	MEDICAL STAFF DIRECTOR PHYSICIAN [224. DATE SIGNED
	Russell M.	Tilley			Ave, NW, Washin	ngton, D.C.
	BURIAL, CREMATION, REMOVA (SPECIFY) Cremation	5/12/86		EMETERY OR CREMATORY Hill Cremator	23d LOCATION CITY OR TOWN Suitland	COUNTY STATE
	UNERAL DIRECTOR JOSE				TE REC'D. BY REGISTRAR 255 R	

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.wasell W. Willey

are; loss, we, W., ashineron, J.J.

Gregation 5/1 (6 edge 1111 renutory outther, MD coesin rewler's one, 130. At a Month of the coesin we, No, rachington, 0.0. 20015 At a Month of the coesin we, No, rachington, 0.0. 20015 At a Month of the coesin we, No, rachington, 0.0. 20015 At a Month of the coesin we, No, rachington, 0.0.

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE 00-08522 - STATE REGISTRAR L DECEASED NAME (TYPE OR PRINT) 1086 Nusser ON DEATH MATED 8 M SEX 4 RACE DATE OF BIRTH 6 AGE (IN YEARS | IF UNDER 1 YR IF LINDER 24 HRS DATE 2d HOUR LAST BIRTHDAY PRONOUNCED 38. 1-12 YRS DEAD 76. CITIZEN OF WHAT COUNTRY? BIRTHPLACE (STATE OR 9 BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED FOREIGN COUNTRY) California U.S.A. WIDOWED DIVORCED 20400 CITY OR TOWN OF DEATH (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) FOR MOST OF WORKING LIFE! Rockville Shady Grove Adventist Hospital Fire Dent Paramedic I STATE 3d. INSIDE CITY LIMITS? 13e STREET ADDRESS Md. Montgomery Gaithersburg 501 Rock Lodge Rd FATHER'S NAME 15. MOTHER'S MAIDEN NAME James Musser Vera Kelsev 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 7 INFORMANT 16h SOCIAL SECURITY NO. 501 Rock Lodge Rd., (YES, NO. OR UNKNOWN) LIE YES GIVE WAR OR DATEST Victoria G. Nusser Gaithersburg Md. 2087 1963-1967 Yes 571-70-0011 18 CAUSE OF DEATH (Enter only one cause per line for (o), (b), and (c),) PART I DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF anteriosclerosis Conditions, if ony, which COLONOL gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying couse last. ED AS A BU PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a) CERTIFICATION FICATE, WRITING THE WORD "PEN E FORWARDED TO THE CHIEF ME TTOR: PAGE 3 SHOULD BE USED AS THE STATE DEPARTMENT OF HEAL LAND, 21201 PRIOR TO BURIAL, CH 19n DATE OF OPERATION 19h CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? YES NO [71a EXTERNAL CAUSE WAS 216. TIME OF INJURY 21¢ HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR UNDERLYING OR CONTRIBUTING CAUSE OF DEATH P.M. 21d INJURY OCCURRED 21e PLACE OF INJURY LATHOME 211. LOCATION STREET, FACTORY, FARM, ETC.) STREET CITY OR TOWN COUNTY STATE WHILE AT WORK EXECUTE THE CERTIFICATE, PAGE 4 SHOULD BE FORW TO FUNERAL DIRECTOR: PY ATTER DEATH, WITH THE STATEM ORE, MARYLAND, 2 22a. I certify that I taak charge of the remains described above, held on Inspection death resulted from: Homicide Undetermined monner **ACTUAL** SIGNATURE EXAMINER'S NAME 218 WISCONSIN 0 va (TYPE OR PRINT) ADDRESS 23e BURIAL, CREMATION, REMOVAL 23b 5/18/186 Cremation Lee's Crematory Washington, D. C. BP 07/84 M. Sandison 316 E. Diamond Ave., 250. DATE REC'D. BY REGISTRAR 25h REGISTRAR'S SIGNATURE **DHMH - 17**

Gaithersburg . Md. 2087

Gartner Sandison F.H.

(VR A15 ME (5))

Just also Conserved Descriped active via even gland affiliation. N. Nortgonery 'military many I State of Lot of State of 18.3-19b7 5'1-77-9011 "ictoria 3. (neso: Onl) prahuru, ul.2d

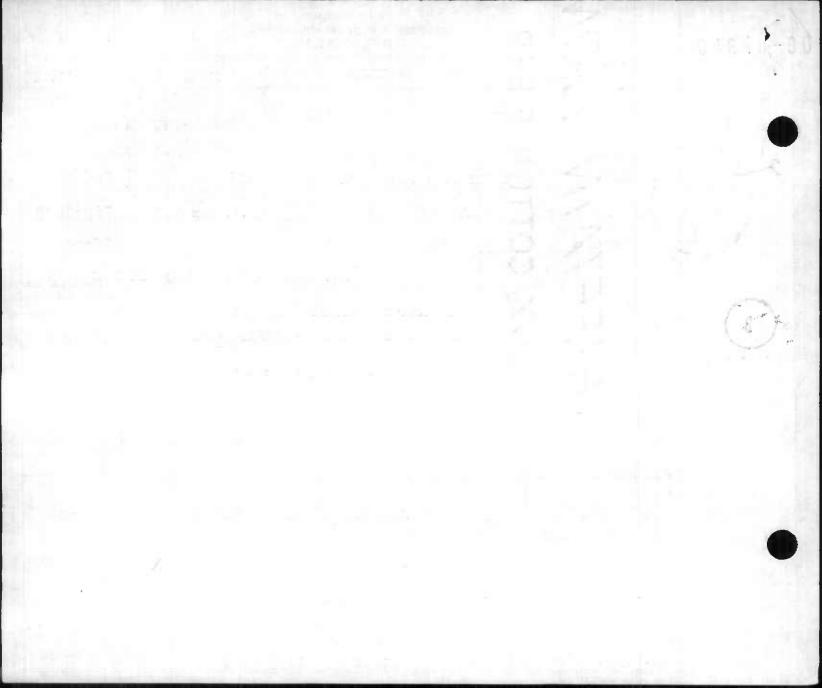
STATE OF MARYLAN	D
DEPARTMENT OF HEALTH AND ME	NTAL HYGIENE
CERTIFICATE OF DEA	ATH

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	REG. NO.				

more property

		FOR STATE REGISTRAR	22-		CERTIF	EALTH AND MENTAL HYG	0	6 REG. NO.	14	777
		CEASED NAME FIRST JOSE		NTONIO		LICH		Y 21, 19	86	2b. HOUR 11:02 A
7	3. SE)	MALE	4 RACE WHITE		5. DATE C		35	RS LAST BIRTHDAY) YRS		IF UNDER 24 HRS
0	C	RTHPLACE (STATE OR FOREIGN OSTA Rica	Costa		WIDOWE		9 BALTIMOR MONTG	MD.		
1)	BETHESDA	THE C	LINICAL C	ADDRESS) ENTER	NIH	Busine	OR MOST OF WORKING	Cof	fee fee
6	C	AL RESIDENCE (IF NURSING NOTATE NOTATE NOTATE)		13c CITY OR TOW SAN JOSE		13d. INSIDE CITY LIMITS?	P.O. 1	oresenta DDRESS / ZIP COI Box 3997		5:1000
2)	Antonio	WIDDLE	Orlich		IS MOTHER'S MAIDEN NA FIRST Irma	WE	WIDDLE	A1fa	iro
3	16a V	VAS DECEASED EVER IN U.S. AR YES NO OR UNKNOWN) (IF YES GIV NO	E WAR OR DATES)	None	RITY NO.	MRS. MARIA	ODI TCU	ADDRESS (WIFE)	SAME AS	APOVE
	NO	18 CAUSE OF DEATH (Enter on PART I. DEATH WAS CAUSE IMMEDIAT Conditions, if ony, which gove rise to immediate couse (a), stating the underlying couse lost PART 2. OTHER SIGNIFICANT (DUE TO, O (b) DUE TO, O (c)	Respira R AS A CONSEQUE R AS A CONSEQUE Renal a	nce of and He	Failure Hypereosinoph: epatic Dysfunction of Related to the term	ction		2-3	Years
	TIFICATI	190 DATE OF OPERATION	196 COND	ITION FOR WHICH	OPERATIO	N WAS PERFORMED	200 AUTOP	IN CERT	YES, WERE FINDING TIFYING CAUSES	
	MEDICAL CERTIFICATION	71a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEAL (IF EITHER NOTIFY MEDICAL EXAMINER 21d. INJURY OCCURRED		m. month da m.	AY YEAR	21c. HOW INJURY OCCUR	RED (ENTERNATU			
	ME	WHILE NOT WHILE AT WORK	{ AT HOME_STR	REET FACTORY OFFICE, F		STREET	2643	CITY OR TOWN	COUNTY	STATE
		.22a.1 certify that 🕱 (this haspi sow the deceased alive on above, 🍇 (we) (did) (基本%	MAY 21	e deceased from		2 19.85 nd that in Kiny) (our) apinion	to MAY		our and from the	
		22b. SIGNATURE	204	lou D.	m)	DEGREE ATTENDING PHYSICIAN [STAFF PHYSICIAN		21, 1986
		K. Randall You	ing, Jr.	-		22e ADDRESSNATION CLINICAL CEN				
	23a B	BURIAL, CREMATION, REMOVAL BURIAL	24, 1	1986 Ja	rdin	emetery or crematory es-Del Recy	23d LOCAT	San Jos	se Cos	sta Rica
	24 FU P . 1	UNERAL DIRECTOR RODE A. 7557 Wisco		Pumphre	y Fu	neral Homes esda, MIMAY	E REC'D. BY REC	GISTRAR 256 REGIS	ISTRAR'S SIGNAT	TURE

DHMH - 16 60M 7/84 (VRA 15, 4)



00-0767

filled in by the funeral director page 3 aurald be filed within 72 hours after death

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DEPARTMENT OF HEALTH AND MENTAL HYGIENE S

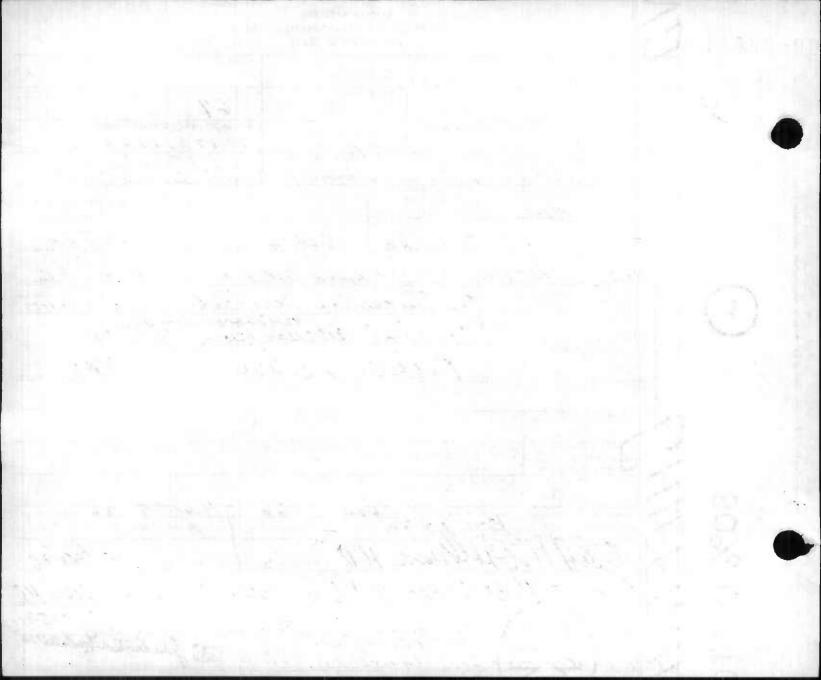
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			CERTIFICATE OF DEATH REG. NO.							
(TYPE C	CEASED NAME FIRST OR PRINT) BETT		DDLE	ORND	ORFF	MAY 20, 198		YEAR	26. HOUR 4:45	
3. SEX	FEMALE	4 RACE WHITE		5. DATE C	3, 1930 YEAR	6. AGE (IN YEARS LAST BIRT	HDAY) IF UNI	DER I YEAR	IF UNDER 24 HRS	
CC	RTHPLACE (STATE OR FOREIGN OUNTRY) est Virginia	76. CITIZEN OF W		MARRIEI WIDOWE	NEVER MARRIED DIVORCED	9 BALTIMORE CITY O	-		M	
	SETHESDA	LIE NOT IN SUCH	OSPITAL, NURSIN FACILITY, GIVE STREET A THE CLI	ADDRESS)	CENTER	120 USUAL OCCUPATE (TYPE OF WORK FOR MOST OF Teller	F WORKING LIFE) IN	IDUSTRY	Capon Bank	
13a ST	RESIDENCE (IF NURS HE WEEK TATE THE COL	JNTY 1	WARDENSV	N	13d INSIDE CITY LIMITS? YES NO 🗽	CACO				
	THER'S NAME FIRST John (AS DECEASED EVER IN U.S. A	MIDDLE C. ARMED FORCES?	Harmo		15. MOTHER'S MAIDEN NA FRST E1va 17. INFORMANT	ME MIDDLE M. ADDRE	SS (lasi Unava	ilable	
		GIVE WAR OR DATES)	236-42-	0232	HUSBAND)		SAME			
		(c)								
FICATION	PART 2 OTHER SIGNIFICAN				NOT RELATED TO THE TERM	200 AUTOPSY?	20b. IF YES, WE	RE FINDIN	IGS USED OF DEATH?	
CERTIFIC	190 DATE OF OPERATION 210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF C	19b CONDIT	ION FOR WHICH INJURY 1. MONTH DA	OPERATIO		200 AUTOPSY? YES NO 🔀	206. IF YES, WE IN CERTIFYING YES	RE FINDING CAUSES	IGS USED	
CAL	190 DATE OF OPERATION 210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF C (IF EITHER NOTHY MEDICAL EXAMIN 210. INJURY OCCURRED	19b CONDIT 21b TIME OF HOUR A.M P.M 21e. PLACE O	ION FOR WHICH INJURY L. MONTH DA L. IF INJURY ET, FACTORY, OFFICE, F	OPERATION AY YEAR 19 FARM, ETC.)	n was performed	200 AUTOPSY? YES NO RED (ENTER NATURE OF INJUIT CITY OF TO	206. IF YES, WE IN CERTIFYING YES THE REPORT OF THE PART I COMMENT	RE FINDING CAUSES	IGS USED OF DEATH?	
MEDICAL	21g. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF C (IF EITHER NOTHEY MEDICAL EXAMIN 21d. INJURY OCCURRED WHILE NOT WHILE AT WORK AT WORK 22g. I certify that \(\frac{1}{2} \) (this has specified as the decembed plive is the decembed plive.	21b TIME OF HOUR A.M 21e PLACE O (AT HOME STREE) Spitol) attended the MAY 20	INJURY MONTH DA FINJURY F. FACTORY, OFFICE, F. deceosed from	OPERATIO AY YEAR 19 SARM. ETC.)	N WAS PERFORMED 21c HOW INJURY OCCUR	200 AUTOPSY? YES NO ME RED (ENTER NATURE OF INJUIT CITY OF TO	20b. IF YES, WE IN CERTIFYING YES THE PART TO THE PART	RE FINDING CAUSES OR PART 2)	IGS USED OF DEATH? NO STATE	
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999 BP 16 60M 7/84 (VR. 15, 4)

retained by the hospital or attending physician

TO FUNERAL DIRECTOR, After this certificate has been signed by the attending physician and cashould be detached for use as the burial-transit permit. Then please remove carbon papers. Pages with the State Dept. of Health and Mental Hygiene prior to burial, cremation, ar removal.



DHMH - 16 60M 7/84

(VRA 15, 4)

STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR 20. DATE OF DEATH I. DECEASED NAME 7b HOUR (TYPE-OR PRINTING & MAY 11, 1986 DANIEL PARKER 1:10 AM Η. 4. RACE 5 DATE OF BIRTH 6 AGE (IN YEARS LAST BIRTHDAY) IF UNDER 24 HRS 3. SEX JANUARY 26, 1955 MALE WHITE 70. BIRTHPLACE ISTATE OR FOREIGN 76. CITIZEN OF WHAT COUNTRY? BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED WASHINGTON.D.C. U.S.A. MONTGOMERY ID CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 12a USUAL OCCUPATION 126 KIND OF BUSINESS OR WASHINGTON ADVENTIST HOSPITAL TAKOMA PARK SUAL RESIDENCE (IF NURSING! 13a STATE 136 COUNTY 13c. CITY OR TOWN GLENWOOD COURT MARYLAND PRINCE GEORGES GLENN DALE 20769 4 FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE MIDDLE FRANCES THOMPSON PARKER PAUL 17 INFORMANT (FATHER) **ADDRESS** 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO. (YES NO OR UNKNOWN) HE YES GIVE WAR OR DATES PAUL PARKER, BOX 409 SILER RT., WINCHESTER, VA. 220-48-3088 18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY SARCOMF IMMEDIATE CAUSE (0) DUE TO, OR AS A CONSEQUENCE OF Mo. Conditions, if ony, which gave rise to immediate couse (o), stoting the DUE TO, OR AS A CONSEQUENCE OF underlying couse last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 CERTIFICATION 190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 20b. IF YES, WERE FINDINGS USED 20a AUTOPSY? IN CERTIFYING CAUSES OF DEATH? NOI 21a. ACCIDENT WAS UNDERLYING 216. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH MEDICAL (IF EITHER NOTIFY MEDICAL EXAMINER) 21e PLACE OF INJURY 211. LOCATION STATE CITY OF TOWN COUNTY (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) NOT WHILE 419186 4/11/86 22a.1 certify that (1) (this hospital) attended the deceased from 4/10/86 sow the deceased alive on and that in (my) our) opinion death occurred on the date and hour and from the causes stated obove, (I) (we) (did) (did not) view the body ofter deoth 226 SIGNATURE DEGREE ATTENDING MEDICAL 5/12/86 STAFF PHYSICIAN PIDIRECTOR PHYSICIAN 274 PHYSICIAN'S NAME (TYPE OF PRINT 22e ADDRESS 1950m 23a. BURIAL, CREMATION, REMOVAL 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION 23b. DATE PGOUNTY MD STATE FORT LINCOLN CEMETERY BRENTWOO 5/14/86 RICHARD RAPP, INC. 250 DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE ST., N.W., WASHINGTON, D.C. 20009

BP. DHMH - 16 60M 7/

(VRA 15, 4)

medical examine

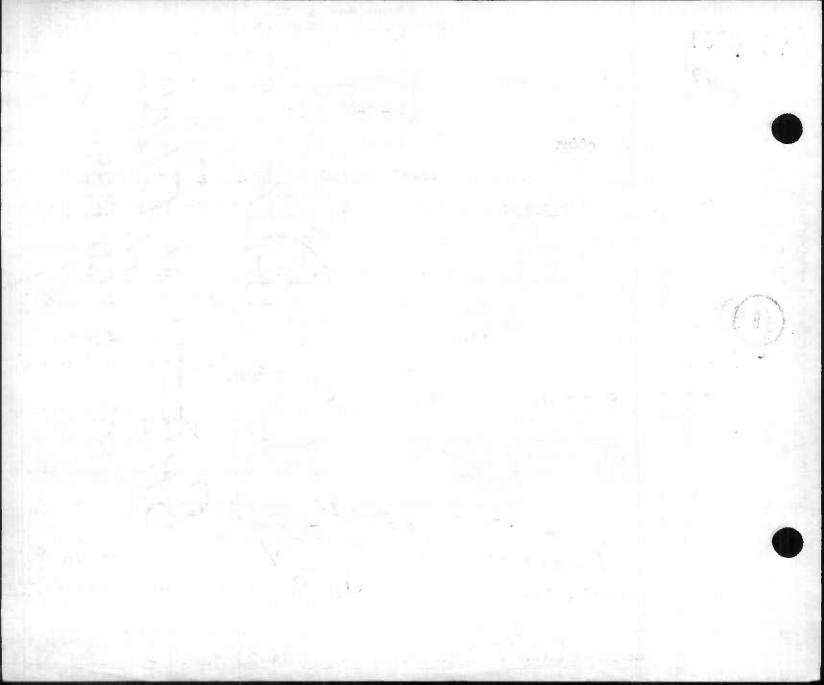
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DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

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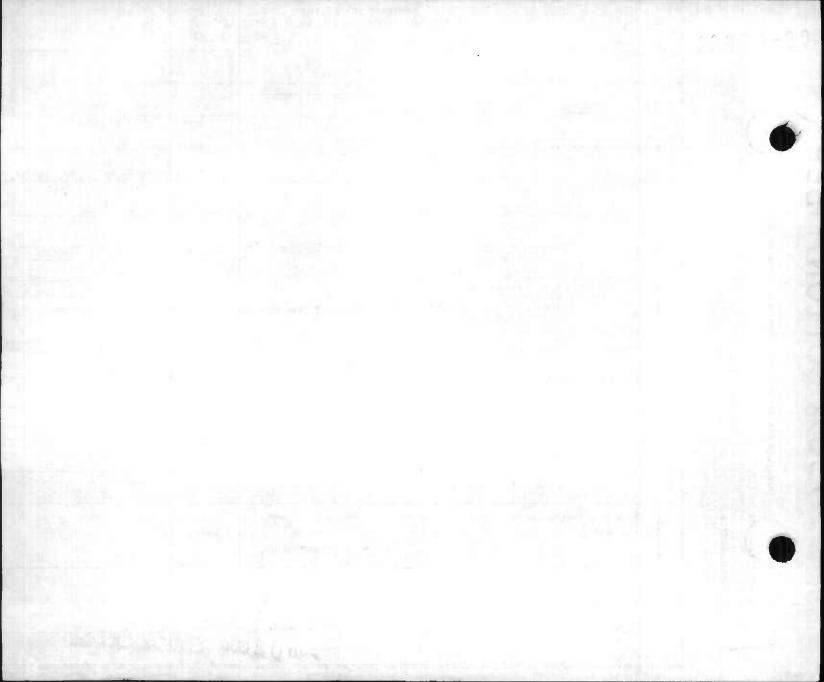
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1	FOR STATE REGISTRAR			HEALTH AND MENTAL HYC FICATE OF DEATH	SIENE 8 6	NO.	49	8 3
	CEASED NAME FIRST	WIDDL	E	LAST	20 DATE OF DEATH		YEAR 2b. H	HOUR
(11	Ruby	Russell	Patteso	n		05-16-86	1	:35 pm
3. SE		4 RACE		OF BIRTH	6. AGE (IN YEARS LAST		DER I YEAR IF U	NDER 24 HRS
	F	W	10-	01-99 YEAR	86	S DAYS HOL	RS MIN.	
	S Caplina S Caplina	76. CITIZEN OF WHA	MARRI	ED NEVER MARRIED	9 BALTIMORE CITY			
10 C	ITY OR TOWN OF DEATH	11. NAME OF HOSE	ILITY, GIVE STREET ADDRESS)	OR OTHER INSTITUTION	120 USUAL OCCUP (TYPE OF WORK FOR MO	ST OF WORKING LIFE) IN	L KIND OF BUILDUSTRY Na	siness or vy Depa
USU 13a	Olney JAL RESIDENCE IN NURSING HOME O STATE 136 COU	R OTHER INSTITUTION GIVE	ry General RESIDENCE BEFORE ADMISSION CITY OR TOWN		Administra	ative Asis	estant.	895
	MD Mon	tgomery K	ensington	YES 🗶 NO		ensington	Pky	#903
14. F.	ATHER'S NAME Robert	WIDDLE	Russell	15. MOTHER'S MAIDEN NA ALMA	WE	McS	vain	
	WAS DECEASED EVER IN U.S. A	RMED FORCES? 166	SOCIAL SECURITY NO.	17 INFORMANT	ADI	DRESS	***************************************	
No		VE WAR OR DATES)	15-48-4278					3
	18 CAUSE OF DEATH (Enter of PART I, DEATH WAS CAUS	nly one couse per line ED BY. (TE CAUSE (o)	for (0), (b), and (c)	- TO RY	ARREST	APPROXIMATE BETWEEN ONSET	-	
P SYPTE	Conditions, if any, which gave rise to immediate couse 101, stating the underlying couse lost) Ib) P	A CONSEQUENCE OF	IA	BSTRI) CTION	Aday 4 111	9/86
NOI	PART 2. OTHER SIGNIFICANT	N	ATRO	PHY	AINAL DISEASE OR CO			
CERTIFICATION	190 DATE OF OPERATION	196 CONDITION	N FOR WHICH OPERATION	ON WAS PERFORMED	YES NO	206 IF YES, WE IN CERTIFYING YES	CAUSES OF D	
	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE	HOUR A.M.	JURY MONTH DAY YEAR 19	21¢ HOW INJURY OCCUR	RED (ENTER NATURE OF I	NJURY IN ITEM 18 PART I (OR PART 2)	
MEDICAL	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK	21e. PLACE OF IT	NJURY FACTORY, OFFICE, FARM, ETC.)	211 LOCATION STREET	CITY OI	RTOWN	OUNTY	STATE
	22a.1 certify that (I) (this hasp sow the deceased alive a above, (I) (week (did) (did	dote and hour and		(1) (we) lost es stoted				
	27b. SIGNATURE - e. a	steam	uno		MEDICAL S DIRECTOR PHY	TAFF SICIAN [5 /1	5 8 ₆
	Feinstein, C		1.12	18 11 Pri	nce Phil	pdn C	luy	2083.
	BURIAL, CREMATION, REMOVA BURIAL	May 19.19		CEMETERY OR CREMATORY	23d LOCATION CITY OF TOWN		INTY	STATE
24 F	UNERAL DIRECTOR France	is J. Coll	ins Ir.	250. DA	TE REC'D. BY REGISTR	AR 256. REGISTRAR'S	SIGNATURE	13111
	O University Bl		ilver Spring	Md. MA	Y'22 mod	A. C. Knin	In Paris	lette -



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00-0866	1.		STATE REGISTRAR			ME	DICAL	EXAMIN	HER'S	CERTIFIC	CATEO	FDEA	H O	REG.	NO.	4	1 0	.5
0000	4		CEASED NAME	FIRST			MIDDLE			LAST	-	2	DATE	KNOWN		ONTH DAY	r YEAR	26 HOUR
.T. SS. S. T.		(1179	E OR PRINT)	Jeffr	cev		A.		Pe	erper			OF	ESTI- MATED		5-24	19 86	
PLEASI COTOR FILES TREET		3 SEX	4	I. RACE	S. DATE	OF BIRTH		6. AGE (IN Y	EARS IF U	NDER 1 YR.	IF UNDER		c. DATE		MŌ	NTH DA		1:50
POLAY IS NECESSARY, PLEASE B 31 OTHE FUNERAL DIRECTOR. AIN PAGE 5 FOR YOUR FILES. ILD BE FILED, WITHIN 72 HOURS ORDS, 201 W. PRESTON STREET,		Ma	le	White	10	16	50	35	RS. MON	ITHS DAYS	HOURS	MIN P	RONOUN DE AD			5-24	10 86	1:50 a.m
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IS N. SE S.		10. CI	TY OR TOWN C	F DEATH	II. NAM	E OF HOS		IRSING HOM	E, OR OT	HER INSTITU		12a USU	AL OCCUP	PATION (TYPE OF W	ORK 12b. K	IND OF BU	JSINESS
PAGE PAGE	701		Bethesda Suburban Hospital Chemical Researcher										OR INDUST					
P. 21201 F ANY DELA AND 3 TO SHOULD BE F		USUA	L RESIDENCE (IF IN NURSING HOME	OR OTHER INS	TITUTION, GI	VE RESIDENCE	E BEFORE ADMISS	ION	1			_		arc	HET A	mer.	ULILV.
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SEST. N	(O)		Arnold	Perner	MIDDLE			LAST		f	th Rai		M	IDDLE			LAST	
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3 NOE95	1		18 CAUSE OF	DEATH (Enter or	nly one cou	se per line				TACCELL	rerpe		IJV_L	orrar.	id D		APPROXIMAT	E INTERVAL
Siene Siene	4	7	PARTIDEA	TH WAS CAUSE	D BY:			Trau	na to	Chest	t					BE	TWEEN ONSE	T AND DEATH
	KEMOVA		8/5) O IMMEDIA		10/		NSEQUENCE		O. C.								
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DI W. TED WITH V PENGE VAL TRAN	5		couse (o) s	toting the under			AS A CON	NSEQUENCE	OF									
SAME BY	Š I		lying cous	e lost.		(c)												
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TO MEDICAL EXAMINER: THIS CERT HCATE SHO EXECUTE THE CERTIFICATE, WRITING THE WORD PAGE 4 SHOULD BE FORWARDED TO THE CHI TO FUNERAL DIRECTOR: PAGE 3 SHOULD BE US AFITE DEATH, WITH THE STAFE DEPARTMENT OF MANAYANG AND REDIESTORS AND READ FOR THE CHILD BE USED TO SHOULD BE USED TO SHOULD BE USED THE CHILD BE USED TO SHOULD BE USED TO SH	20	23a.BU	JRIAL, CREMATI	ION, REMOVAL	23b. DATE		23c.	NAME OF CE	METERY	OR CREMATO	ORY	23d. LOC	ATION			COUNTY	61	ATE
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(VR A15 ME (5	5))	Da	zansky-	Goldberg	Mem.		Rock	ville.	Md20	852	STI O &	4 1300	gui	is Dew	I obtains o	A.		



(VRA 15, 4)

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF BEATH

8	6 REG. NO.	1	4	9	8	•
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no	7a B	RTHPLACE (STATE OR FO	DREIGN	76 CITIZEN OF	WHAT COUNTRY	? 8	-/		9 BALTIMOR	E CITY OR COU	NTY OF DE	ATH		-
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of Ho		saw the decease above, (1) (we) (d	d olive on.	5/11	19.	86 .01	nd that in (my	(our) opinion d	eoth occurred	on the date and	hour and Ir	om the cou	ises stated	
ept.		226 SIGNATURE	-	Liview the body	Zorier dyarn.	1.	DEGREE		/		220	DATE SIG	SNED	
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STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO 20 DATE OF DEATH MONTH MIDDLE DECEASED NAME LIYPE OR PRINT MAY 5 1986 GERALD HENRY PHILLIPS 3. SEX 4. RACE 5 DATE OF BIRTH 6 AGE (IN YEARS LAST BIRTHDAY) MONTH AUGUST 20 1920 CAUCASIAN 65 MALE 70. BIRTHPLACE (STATE OR FOREIGN **BALTIMORE CITY OR COUNTY OF DEATH** 7b. CITIZEN OF WHAT COUNTRY? MARRIED X NEVER MARRIED COUNTRYS WEST VIRGINIA UNITED STATES MONTGOMERY WIDOWED DIVORCED [O CITY OR TOWN OF DEATH NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 17g USUAL OCCUPATION (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) LTYPE OF WORK FOR MOST OF WORKING LIFE RETTRED BETHESDA NAVAL HOSPITAL USUAL RESIDENCE (IF NURSING, OME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSIONS 13a STATE 136 COUNTY 13c. CITY OR TOWN 13e STREET ADDRESS / ZIP CODE 13d. INSIDE CITY LIMITS? 10 RT 3, BOX 350A UPSHUR BUCKHANNON W. VIRGINIA 15. MOTHER'S MAIDEN NAME 14 FATHER'S NAME MIDDLE MIDDLE EDNA EDITH SIMMONS BENJAMIN JACK PHILLIPS 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 17 INFORMANT 166 SOCIAL SECURITY NO MILDA M. PHILLIPS, RT 3, BOX 350A, BUCKHANNON, YES 1941-1946 232-18-4969 18 CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c), PART I. DEATH WAS CAUSED BY: CARCINOMA OF THE LUNG IMMEDIATE CAUSE (D) DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gove rise to immediate couse (o), stating the DUE TO OR AS A CONSEQUENCE OF underlying couse lost. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 DIVISION OF VITAL RECORDS, CERTIFICATION 20b. IF YES, WERE FINDINGS USED 190 DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20g AUTOPSY? 5 IN CERTIFYING CAUSES OF DEATH? NO Нуды 710 ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART I OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH MEDICAL (IF EITHER NOTIFY MEDICAL EXAMINER 211 LOCATION 21d INJURY OCCURRED 21e PLACE OF INJURY CITY OF TOWN AT HOME STREET FACTORY, OFFICE, FARM ETC.) STREET NOT WHILE MARCH 28 10 86 22a I certify that (I) (this haspital) attended the deceased from_ MAY 5 10 86 saw the deceased alive on ____ ond that in (my) (aur) apinion death accurred on the date and hour and from the causes stated obove, My (we) (did) (did not) view the body ofter death 124 SIGNATURE ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN PA NAVAL HOSPITAL. NAVAL MEDICAL COMMAND, 22d PHYSICIAN'S NAME CTYPE OR PRIN the S NATIONAL CAPITAL REGION, BETHESDA, MD 20814 . P. MEHEGAN, LT, MC, USN

DHMH - 16 60M 7/84 (VRA 15, 4)

236 DATE Reger Chapel
May 8, 1986 Church Cemetery 230 BURIAL CREMATION, REMOVAL 24 FUNERAL DIRECTOR Poling-St. Clair Funeral Home

23d. LOCATION Buckhannon,

West Virginia

COUNTY

STATE

2h HOUR

176 KIND OF BUSINESS OR

STATE POLICE

APPROXIMATE INTERVAL

2620

IF UNDER I YEAR

INDUSTRY

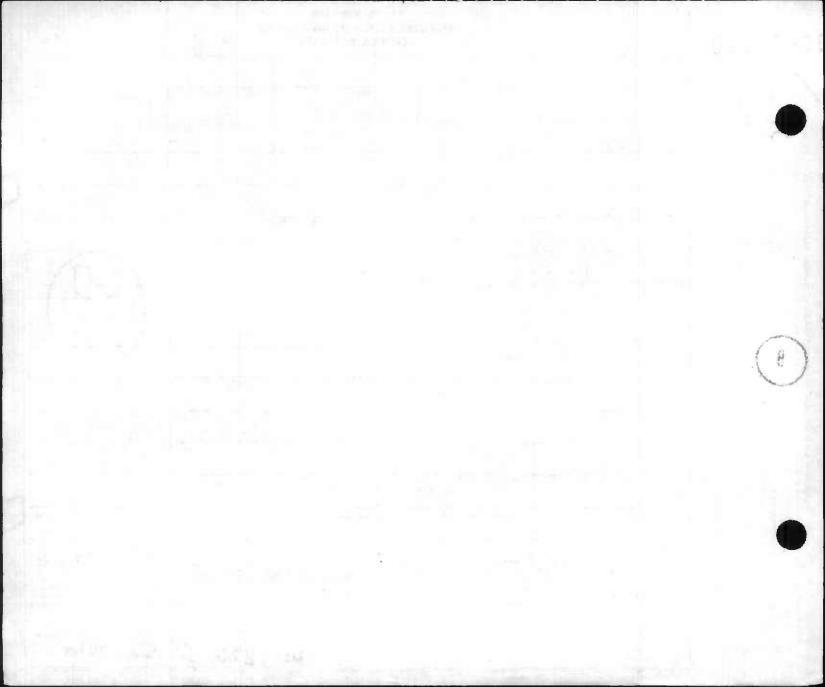
4:45

IF UNDER 24 HRS

95 South Kanawha Street, Buckhannon, WV

Burial

Gulia Davidson



DHMH - 16 60M 7/84 (VRA 15, 4)

23a BURIAL

CREM AMBERS CO. INC. SILVER SPRING M

STATE OF MARYLAND

26 HOUR

17h KIND OF BUSINESS OR

NO:

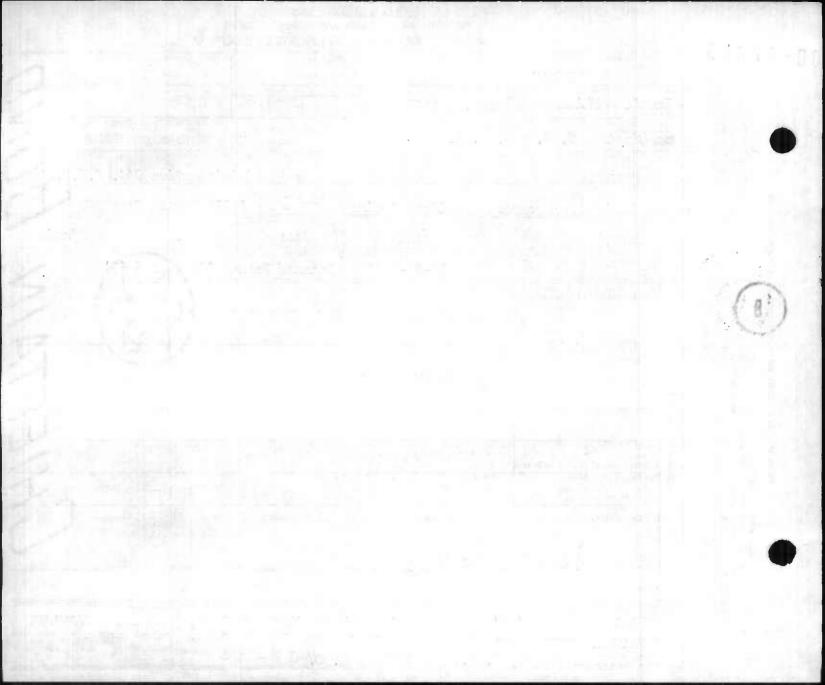
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COUNTY

27c DATE SIGNED

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		DELAY IS NECESSARY, PLEASE TO THE FUNKRAL DIRECTOR. N PAGE 5 FOR YOUR FILES. BE FILED, WITHIN 72 HOURS DOS ZOU W. PRESTON STREET,		ashingt		u. s.	Α.	WIDOW	VED DIVOR	CED XX MCI	ntgomery	County	MD
		SER BEST	10. C	ITY OR TOWN	OF DEATH		ITAL, NURSING HOME	, OR OTH	IER INSTITUTION	12a. USUAL OCCU	PATION (TYPE OF V	WORK 126 KIND OF I	BUSINESS
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	ALT	PASS /		No	(ii tes, sive ii		218-78-960	13	Bernard	Posner (Sa	me as #	13)	
	1	3 3 4 6		18 CAUSE OF	F DEATH (Enter only	y one cause per line l	or (a), (b), and (c).)	100				APPROXIMA RETWEEN ON	ATE INTERVAL
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		MAN DEAN		death resulte				icide X	Homicide .	Undetermined ma		my opinion	
4		SET IN SE	13	deom resone	A .	A .	ACCIDENT, SUI	cide (X)	TITLE (SPECIFY)	Undetermined mo	onner,		
- \		202013		ACTUAL SIGNATURE_	Willes	nto, In	The Da					DATE 5-10	9-86
		DIE THE CERTIFIED THE THE CERTIFIED BE THE CHARLE OF THE C	1	SIGNATURE_		J. C.	1000		D. Assista			SIGNED DELS	2-00
		WOWENE W		EXAMINER'S I	NAME M	Margarita	A. Korell,	M.D.	ADDRESS 111	Fenn Stree	et		
		TO ME PAGE TO FUI AFTER BALTA		URIAL, CREMAT	TION, REMOVAL 23		23c. NAME OF CEM	AETERY O	R CREMATORY	234 LOCATION	PRINCE		
	07/84	ВР	(BURIAL		5/21/1986	MOUNT LE	BANON	N CEMETERY	ADELPHI,	GEORGE	S MARY	L'AND
	25M	DHMH - 17	24 F	DONATO	M. STEIN	HEBREW ME	MORIAL FUN	ERAL	HOME 250. DATE	REC'D. BY REGISTRA	R 250 REGISTRA	AR'S SIGNATURE	d
		(VR A15 ME (5))		232 CAR	ROLL STRE	EET. N. W.	. WASHINGTO	ON. 1	D. CMAY 2	2,1900, gu	in Davidson	John State of the	R



Patricia McLean Powell 3. SEX	14991					
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DEPARTMENT OF HEALTH AND MENTAL HYGENE REGISTER MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTER REGISTER REGISTER MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTER R						
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13a. STATE	13b. COU	NTY	3c. CITY OR TOWN	13d INSIDE CITY LIMITS	7407 Ridgewoo	od Ave./20815
FIRS	ck Me	Donnell	McLean	Ruth	Sargent	Dyer
(YES, NO, OR	UNKNOWN) (IF YES, GIV	E WAR OR DATES)	094-24-53		M. Powell, Same	
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	NOT WHILE	STREET FACTORY			CITY OR TOWN	COUNTY STA
death	resulted fram: Nati			de . Hamicide		DATE 5 6 86
EXAMI (TYPE	VER'S NAME	John Ta	uber	ADDRESS		oder mes.
(SPECIFY)	remation, removal	23b. DATE 5/7/86		etery or Crematory ort Crematory		
24 FUNERAL 5130	Wisconsin	ph Gawler's Ave., NW, W	Sons, Inclashington.	D.C. 20016	MAY PEGSTAR 26 REG	ASTRAR'S SIGNATURI

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the burial-transit permit Inc.

0-06335

STATE OF MARYLAND FOR STATE REGISTRAR DEPARTMENT OF HEALTH AND MENTAL HYGIENE

-1	Clara E. Prather May 1 1986 10:00 SEX Female Caucasian July 3 on 1896 89	and the same of th						
1	DECEASED NAME Mast Mast Mast December Decem	26 HOUR						
ı		Clara B. Prather May 1 1986 E. DATE OF BERTH E. Prather May 1 1986 E. DATE OF BERTH E. Prather May 1 1986 E. DATE OF BERTH E. Prather May 1 1986 E. DATE OF BERTH MONTEONER E. DATE OF BERTH E. DATE OF BERTH MONTEONER E. DATE OF BERTH E. DATE OF BERTH MONTEONER E. DATE OF BERTH MONT	10:09P _M					
ı	3. SEX	The Date of Dath Dot The Clara The Date of Dath Dot The Clara The Date of Dath Dot The Country T		HUNDER 24 HRS				
١		Clara E. Prather RACE S.DATE OF BEATH MANY 1 1986 S. AGE ENTERSLADISENING DE MAY 1 1986 S. DATE OF BEATH MARRIED MARRIED S.DATE OF BEATH S. DATE						
7	70. BIRTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WHAT COUNTRY	Y? 8 MARRIE	D NEVER MARRIED	-	_	EATH	
		SEED AMME Clara B. Prather MAY 1 1986 MAY 1 1986 PRACE (STATE OFFICIAL MODITION OF WHAT COUNTRY) MARRIED NEVER MARRIED SALIMORE CITY OFFICIAL MODITION OF THE NATIONAL DISCONDITION		MD.				
п		Clara E. Prather Caucasian July 3º 1896 AGE (PATRICAL CAUCASIAN AND		BUSINESS OR				
5	December Part December De							
3	DECEASED NAME MOST Clara E. Prather Clara E. Prather S.DATE OF BRITH S.DATE O							
	(YES NO OR UNKNOWN) (IF YES GIV	VE WAR OR DATES!			507-A Sc Gait	th Fred hersburg	erick , Md.	Ave.
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1	IMMEDIA	TE CA03E (0)		O ALLOSO				
١	Conditions if any which	ASED NAME Clara E. Prather May 1 1986 May 1 1986 RACE Caucasian PRACE PRACE Caucasian PRACE PRACE Caucasian PRACE Salatores PRACE Caucasian PRACE Salatores PRACE Caucasian PRACE PRACE Caucasian PRACE PRACE Salatores PRACE PRACE Caucasian PRACE Salatores PRACE Salatores PRACE Salatores PRACE Caucasian PRACE PRACE Salatores Salatores PRACE Salator						
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	Clare B. Prather May 1 1986 10 SEX Pemale Caucasian July 3 or 1886 89 Sex							
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DHMH - 16 60M 7/B4 (VRA 15, 4)

TO FUNERAL DIRECTOR

TO HOSPITAL

IMPORTANT: If Item 21 is should be detached to with the State Dept. of

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(VR A15 ME (5)) 20M 4/82		George	R. Sno	wden Roc	kville,	MD 2	0850			U					
	TO MEDICAL EXAMINER: THIS CERTIFICATE SHOULD BE EXECUTE THE CERTIFICATE, WRITING THE WORD "PE PAGE 4 SHOULD BE FORWARDED TO THE CHIEF N TO FUNERAL DIRECTOR: PAGE 3 SHOULD BE USED A AFTER DEATH, WITH THE STATE DEPARTMENT OF HE BALTIMORE, MARYLAND, 21201 PRICR TO BURIAL, OF HE	TO MEDICAL EXAMINER: THIS CERTIFICATE SHOULD BE RECORD. TO MEDICAL EXAMINER: THIS CERTIFICATE SHOULD BE RECORD. TO MEDICAL EXAMINER: THIS CERTIFICATE SHOULD BE RECORD. TO FUNEXAL DIRECTOR: PAGE 3 SHOULD BE USED AS A BURIAL-TRANSIT PERMIT. PAGES 1 AND 3 TO THE FUNEXE DRIVEN. TO FUNEXAL DIRECTOR: PAGE 3 SHOULD BE USED AS A BURIAL-TRANSIT PERMIT. PAGES 1 AND 2 SHOULD BE FILED. WITHIN 72 HOURS AFTER DEATH, WITH THE STATE DEPARTMENT OF HEALTH AND MENTAL HYGIENE, DIVISION OF VITAL RECORDS, 20T W. PRESTON STREET, BALTIMORE, MARYLAND, 21201 PRIGATOR OF MEMOVAL. MEDICAL CERTIFICATION. TO SHOULD BE USED AS A BURIAL-TRANSIT PERMIT. PAGES 1 AND 2 SHOULD BE FILED. WITHIN 72 HOURS. CO. TO SHOULD BE USED AS A BURIAL-TRANSIT PERMIT. PAGES 1 AND 2 SHOULD BE FILED. WITHIN 72 HOURS. CO. TO SHOULD BE USED AS A BURIAL-TRANSIT PERMIT. PAGES 1 AND 2 SHOULD BE FILED. WITHIN 72 HOURS. CO. TO SHOULD BE USED AS A BURIAL-TRANSIT PERMIT. PAGES 1 AND 2 SHOULD BE FILED. WITHIN 72 HOURS. CO. TO SHOULD BE USED AS A BURIAL-TRANSIT PERMIT. PAGES 1 AND 2 SHOULD BE FILED. WITHIN 72 HOURS. CO. TO SHOULD BE USED AS A BURIAL-TRANSIT PERMIT. PAGES 1 AND 2 SHOULD BE FILED. WITHIN 72 HOURS. CO. TO SHOULD BE USED AS A BURIAL-TRANSIT PERMIT. PAGES 1 AND 2 SHOULD BE FILED. WITHIN 72 HOURS. CO. TO SHOULD BE USED AS A BURIAL-TRANSIT PERMIT. PAGES 1 AND 2 SHOULD BE FILED. WITHIN 72 HOURS. CO. TO SHOULD BE USED AS A BURIAL-TRANSIT PERMIT. PAGES 1 AND 2 SHOULD BE FILED. WITHIN 72 HOURS. CO. TO SHOULD BE USED AS A BURIAL-TRANSIT PERMIT. PAGES 1 AND 2 SHOULD BE USED. CO. TO SHOULD BE USED AS A BURIAL-TRANSIT PERMIT. PAGES 1 AND 2 SHOULD BE USED. CO. TO SHOULD BE USED AS A BURIAL-TRANSIT PERMIT PAGES 1 AND 2 SHOULD BE USED. CO. TO SHOULD B	DIVISION OF VITAL RECORD TO MEDICAL EXAMINER, MD. 21201 TO MEDICAL EXAMINER, MEDICAL EXAMINER, MD. 21201 TO MEDICAL EXAMINER, MEDICALE EXAMINER, THIS CERTIFICATE SHOULD BE FORWARDED TO THE CHIEF WORD "ENDIT FOR THE CARE SHOULD BE FORWARDED TO THE CHIEF WORD "ENDIT FOR THE CARE SHOULD BE FORWARDED TO THE CHIEF WORD "ENDIT FOR THE CARE SHOULD BE FORWARDED TO THE CHIEF WED SHOULD BE FILES." TO FUNERAL DIRECTOR: PAGE 3 SHOULD BE FILES. TO FUNERAL DIRECTOR: PAGE 3 SHOULD BE FILE	PART 2 OTHER SIGNIFICANT (PYRE OF PRINT) PART 2 OTHER SIGNIFICANT (PYRE OF PRINT) PART 2 OTHER SIGNIFICANT (ONDITIONS) PART 3 OTHER SIGNIFICANT (ONDITIONS) PART 4 OTHER SIGNIFICANT (ONDITIONS) PART 4 OTHER SIGNIFICANT	TO GE 2 9 3 In december 1. De	POR POR MEDICAL EXAMINE REGISTRAR **REDICAL EXAMINE **REDICAL EXAMI	DEPARTMENT OF HEALTH MEDICAL EXAMINER'S C MIDDLE REGISTER REGISTER ROBERT FUYER SOLUTION SOLUTION FOR HISTORY MARK MARK MARK MARK MARK MARK MARK MARK MODIT TO BIRTHPLACE (STATE OR BIRTHP MODIT TO BIRTHPLACE (STATE OR TO BUSH A STATE OR BUSH A STATE OR TO BUSH A STATE TO BUSH A STATE OR TO BUSH A STATE OR BUSH A S	DEPARTMENT OF HEALTH AND MI MEDICAL EXAMINER'S CERTIFIED TO STATE OF MEDICAL EXAMINER'S CONTROL OF MEDICAL	STATE MEDICAL EXAMINER'S CERTIFICATE O DECEASED NAME TOP TOP	DEPARTMENT OF HEALTH AND MENTAL HYGIEN MEDICAL EXAMINER'S CERTIFICATE OF DEA DEPARTMENT OF HEALTH AND MENTAL HYGIEN MEDICAL EXAMINER'S CERTIFICATE OF DEA DEPARTMENT OF HEALTH AND MENTAL HYGIEN MEDICAL EXAMINER'S CERTIFICATE OF DEA DEPARTMENT OF HEALTH AND MENTAL HYGIEN MEDICAL EXAMINER'S CERTIFICATE OF DEA DEPARTMENT OF HEALTH AND MENTAL HYGIEN MODEL LAST ROBERT LAST LAST	DETAIL AND DECASED EVER IN U.S. ARABE PORCES? THE THREE STARLE IN THE CONTROL OF STREET IN THE CONTROL OF STREET STREET STREET IN THE CONTROL OF STREET STRE	DEPARTMENT OF HEALTH AND MENTAL HYGIENE MEDICAL EXAMINER'S CERTIFICATE OF DEADH ORG. MEG. NO. 1 CONTROL CONTRO	DEPARTMENT OF HEALTH AND MENTAL HYGIENE MEDICAL EXAMINER'S CERTIFICATE OF DEADH	STATE STAT	DEPARTMENT OF HEALTH AND MENTAL HYGINE MEDICAL EXAMINER'S CERTIFICATE OF DEADH O REG, NO. 4 TORCASSTRAME MEDICAL EXAMINER'S CERTIFICATE OF DEADH O REG, NO. 4 TORCASSTRAME MEDICAL EXAMINER'S CERTIFICATE OF DEADH O REG, NO. 4 TORCASSTRAME MEDICAL EXAMINER'S CERTIFICATE OF DEADH O REG, NO. 4 TORCASSTRAME MEDICAL EXAMINER'S CERTIFICATE OF DEADH O REG, NO. 4 TORCASSTRAME MEDICAL EXAMINER'S CERTIFICATE OF DEADH OR REG, NO. 4 TORCASSTRAME MEDICAL EXAMINER'S CERTIFICATE OF DEADH OR REG, NO. 4 TORCASSTRAME MALE Black N. 19 42 44 50 10 10 10 10 10 10 10 10 10 10 10 10 10



23b DATE June

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- STATE

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

DHMH - 16 60M 7/84 (VRA 15, 4)

SCMSin Ave - Beth 23c. NAME OF CEMETERY OR CREMATORY

Metropolitan Crem. Alexandria. 74 FUNERAL DIRECTOR Obert A. Pumphrey Funeral Homes 7557 Wisconsin Ave. Bethesda, MD 20814PA

Virginia

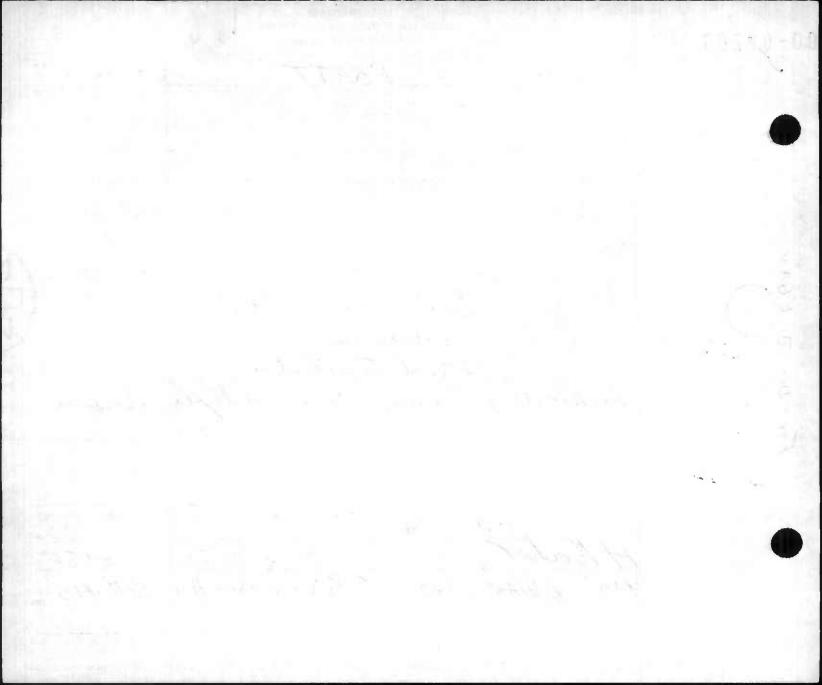
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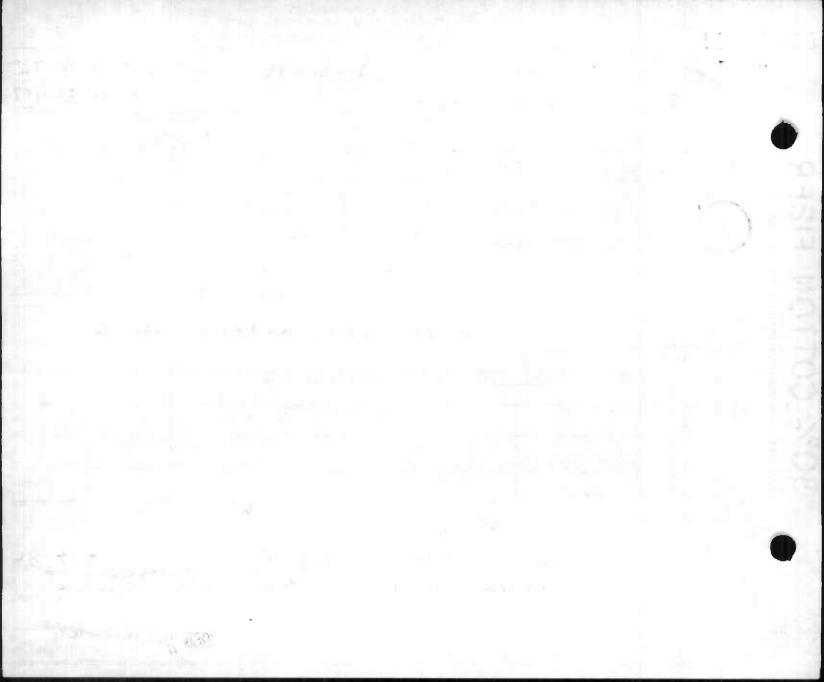
INDUSTRY

Keith

Own Home



STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH O REGISTRAR I. DECEASED NAME 20. DATE KNOWN Brescott OF ESTI-Cecilia К. AM 5. DATE OF BIRTH IE UNDER 24 HRS 6. AGE (IN YEARS | IF UNDER 1 YR. DATE LAST BIRTHDAY) 86 PRONOUNCED Female white 08 DEAD 19 Th. CITIZEN OF WHAT COUNTRY 7g. BIRTHPLACE (STATE OR 9. BALTIMORE CITY OR COUNTY OF DEATH NEVER MARRIED FOREIGN COUNTRY Ohio United States DIVORCED ID. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 126 KIND OF BUSINESS Wilson Lan Homemaker Bethesda Own Home USUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) | 13d. INSIDE (11Y LIMITS) | 13e. STREET ADDRESS | YES □ NO X | 5106 Wilson Lane/20814 Montgomery Bethesda Maryland M. FATHER'S NAME 15. MOTHER'S MAIDEN NAME Antek MIDDLE Kubacki Josefa Madalinska BALTIMORE, 16a. WAS DECEASED EVER IN U.S. ARMED FORCES 17. INFORMANT 16b. SOCIAL SECURITY NO 9395 E.Flamingo #57 (YES, NO, OR UNKNOWN) PAGES 215-48-7962 No Robert K. Prescott Las Vegas, NV 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) BETWEEN ONSET AND DEATH arrest PART I DEATH WAS CAUSED BY Cardiac IMMEDIATE CAUSE (o)_ DUE TO, OR AS A CONSEQUENCE OF arterio sclerosis Canditions, if ony, which coro nor gave rise to immediate couse (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause lost. DIVISION OF VITAL RECORDS. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (g. OF HEALTH CERTIFICATION ARDED TO THE AGED A AGE 3 SHOULD BE USED A ATE DEPARTMENT OF HEA ATE DEPARTMENT OF BURIAL OF THE ATE OF THE OF THE ATE OF THE OF THE ATE OF THE ATE OF THE ATE OF THE OF THE ATE OF THE ATE OF THE OF TH 19a. DATE OF OPERATION 19h CONDITION FOR WHICH OPERATION WAS PERFORMED? 20. AUTOPSY? NO A YES 21g. EXTERNAL CAUSE WAS 21b. TIME OF INJURY 21c HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR UNDERLYING CONTRIBUTING CAUSE OF DEATH 21d. INJURY OCCURRED 21e PLACE OF INJURY (AT HOME, 21f LOCATION STREET, FACTORY, FARM, ETC.) CITY OR TOWN COUNTY STATE WHILE WHILE AT WORK AT WORK EXECUTE THE CERTIFICATE, V PAGE 4 SHOULD BE FORW TO FUNERAL DIRECTOR: PV AFIER DEATH, WITH THE STI BALTIMORE, MARYLAND, 2 22a. I certify that I taak charge of the remains described above, held an Autopsy Inspection Natural causes death resulted from: Accident Hamicide Undetermined manner TITLE (SPECIFY ACTUAL SIGNATURE EXAMINER'S NAME 218 Wiscens mare (TYPE OR PRINT) 230. BURIAL, CREMATION, REMOVAL 236. DATE (SPECIFY Burial 7 May 23c. NAME OF CEMETERY OR CREMATORY 1986 Rockville Cemetery Rockville, Maryland 07/84 7557 Wisconsin Ave. Bethesda, MD 20814PA MAY 8 **DHMH - 17** (VR A15 ME (5))



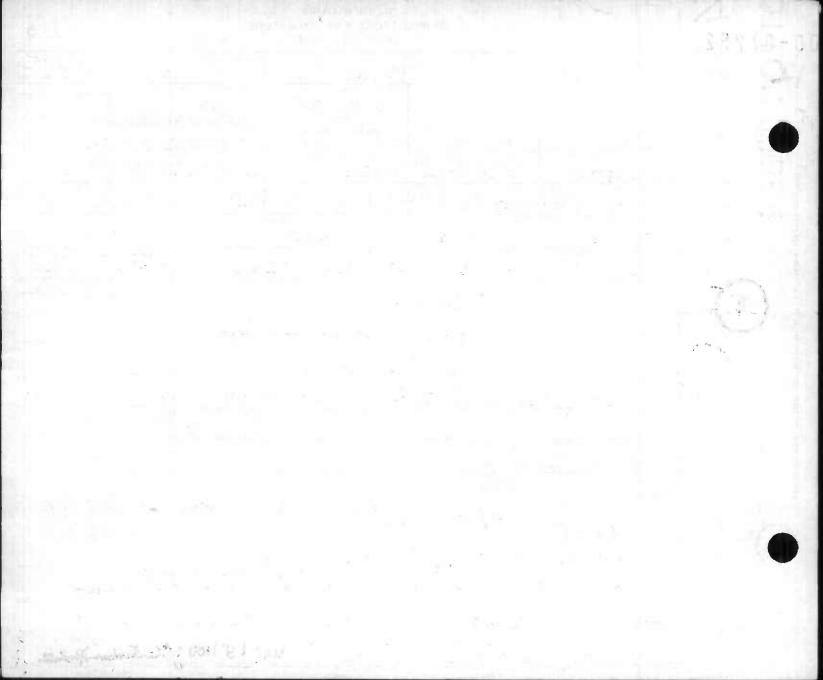
00-0725

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other froumatic		Canditians, if ony, gave rise to imn cause (o), statin underlying couse	nediate g the	(b)_	R AS A CONSE	MIC	Renal 7a	ilure			
or any injury, a	CERTIFICATION	PART 2. OTHER SIGN	a esti	ve He	art =	7ailure	NOT RELATED TO THE TERM TO VICE VICE VICE VICE VICE VICE VICE VICE		Chron 20b. IF YI IN CERT	2	uchi+1S GS USED
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MPORTANT; If Hem 21		Heen 22d. PHYSICIAN'S NA Herman		C	egal,	MD	ATTENDING PHYSICIAN) 220. ADDRESS /03/ S,/VEV	MEDICAL DIRECTOR P		200/	6
3 4		BURIAL, CREMATION, (SPECIEV) Urial	REMOVAL	236. DATE 5/16/		130 NAME OF C	emetery or crematory vid Mem.Garde	r Falls (Fairfax;	Va. STATE

DHMH - 16 60M 7/84 (VRA 15, 4)

250. DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR DANZANSKY - GOLDBERG MEMORIAL CHAPELS

1170 Rockville Pike; Rockville, Md. 20852



			FOR		SIA	HEALTH A	AKTLANU	CIENIE		
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0 0	0002		RECISTRAR	DATE OF BIRTH A CE [INTERNAL EUNDER 1 VR. EUNDER 24 HRS.] 2. DATE ADDITION VR. VR.	10					
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	ARY, PLEASE DIRECTOR. OUR FILES. ON STREET	3. SEX			TA AGE UNY	FARS IF LIND	FR 1 VR JE LINDER 24		MONTH DAY YEAR	24 HOHR
	STILL	0.00	r. 11/	MONTH DAY	YEAR LAST BIRTHI			PRONOUNCED A		N CO
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ui.	E58954	TH	DMAS "	T F		10		MIDDLE		
90	2020		AS DECEASED EVER IN U.S. ARME	FORCES?				ADDRES:		
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(2)	0 = 1 = 0	-	18 CAUSE OF DEATH (Enter only of	ne cause per line	far (a) (b), and (c).)		1	1 4)	APPROXIMAT BETWEEN ONS	E INTERVAL
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ō	E C C C C C C C C C C C C C C C C C C C	S	CONTRIBUTING CAUSE OF DEA							
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	EXAMINER: CERTIFICATE JULD BE FORE L DIRECTOR: 4, WITH THE SAMARYLAND,		22a I certify that I taak charge a	the remains desc	ribed above, held an	Autapsy	, Inspection _	Inquiry L. o	nd in my apinian	
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	CER. WILD WILD WAR			0 1/1			TITLE (SPECIFY)			
	H. H.		ACTUAL SIGNATURE	-	10-22	Cd M.D	near	MEDICAL EXAMINER	DATE SIGNEDAL & VIL	4 19/2
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	MEDICAL E ECUTE THE GECUTE THE GECUTE THE GECUTE THE FUNERAL TER DEATH, TER DEATH,		EXAMINER'S NAME JOHN S	ROGERS	3		1919 SF	MI NARY ROAD S	TIVER SPRING	MD.
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	- mar-da	2.5	DEC (EV)					CHY OR TOWN ICT ON	O CCOUNTY S	TATE
07/84 25M	BP							WASHINGTON,	v.C.	
23/W	DHMH - 17		INERAL DIRECTOR FRANCIS					C'D. BY REGISTRAR 256. REG		
	(VR A15 ME (5))	50	ว ^{ัก} นั้NIVERSITY BLV1	. WEST S	SILVER SPRI	ING, MI	. LINGS	11 5 1900	- waster partie	سانيل

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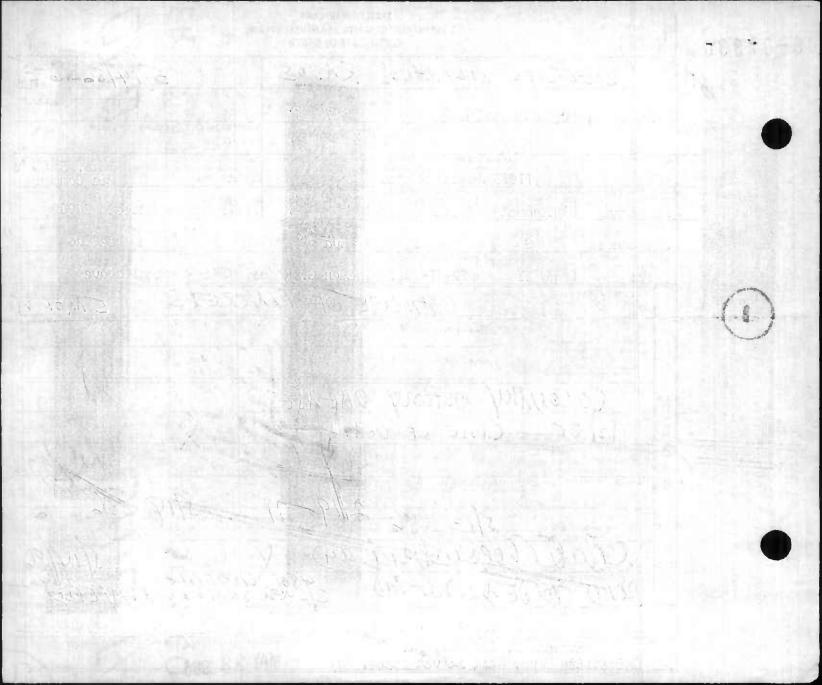


DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201 TO HOSPITAL OK ATTENDING PHYSICIAN. The law requires that the document of the executed within 24 hours ofter death. Page 4 may be retoined by the hospital or attending physician. The law requires that the state of the physician contains a should be detached for use as the burial triansit permit. Then pleas themselved to the properties of the prior to burial, cremation, exempled. When the State Dept of Health and Membal Hygiene prior to burial, cremation, exempled.	
Should should be to in the total should be to interest be to inter	/

DHMH - 16 50M 7/77 (VR A 15 (4))

00-07330

					STAT	E OF MARYLAN	D C					
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4		CEASED NAMES FIRST OR PRINT)	GE S	HEPHAI	vos	RAD	05	24 DATE OF DEATH	5/14	4/86	23 HOUR	45
	3. SE>	4	4 RACE	The State of the S	5. DATE C		YEAR	6. AGE (IN YEARS LAST BIR		UNDER I YEAR	# Unique 2	L PHYS.
		Male	Caucasi	an	9	27	17	68	YR5.	MINS DAYS	HOURS	
7	7a. BII	RTHPLACE (STATE OR FOREIGN	76 CITIZEN OF	WHAT COUNTRY?	8. MARRIE	D NEVER MA	RRIED	9. BALTIMORE CITY		F DE ATH		0
		chigan	USA	27.5(1)	WIDOWE	DIO DIO	RCED 🗌	Montgom				MD.
)		heaton	(IF NOT IN SUCI	OSPITAL, NURSIN H FACILITY, GIVE STREET NOTION ST	ADDRESS)	OR OTHER INSTITU	UTION	120. USUAL OCCUPAT (TYPE OF WORK FOR MOST (Salesman		126 KINDO INDUSTRO Pie (Smid Compar	th's
)	13a. S	AL RESIDENCE (IF NURSING HOME TATE 13b. COI TULAND MON	YTAU	give residence before 13c CITY OR TOW Wheaton		13d. INSIDE CITY	LIMITS?	13. STREET ADDRESS 11915 Andr	ew Stre	et 20	1902	
A		THER'S NAME	MIDDLE	LAST		15. MOTHER'S M		AE MIDDLE		105		
	St	ephanos	G	Rados		Eva	31	MIDDLE		Belli	is	
1	16a W	VAS DECEASED EVER IN U.S. A	ARMED FORCES?	166 SOCIAL SECU	RITY NO.	17 INFORMANT		ADDR				
	, ,	yes wo		577-01-8	523	Helen G	. Rado	s Wife S	ame as	above		
		18 CAUSE OF DEATH (Enter PART I, DEATH WAS CAU IMMEDI	only ane cause per SED BY: ATE CAUSE (a)	line for cay (b) tan	CET	r of	- PA	VCRET.	5	BETWEEN C	MATE INTERV	
		6 199	DUE TO, OF	R AS A CONSEQUE	NCE OF							
		Canditions, if ony, which gave rise to immediate cause (a), stating the underlying cause last.		R AS A CONSEQUE	NCE OF							
	NOI	PART 2 OTHER SCHULCAN	UNICI	Much	W U	00000	JOE TERM	NAL DISEASE OR CON	IDITION GIVEN	N IN PART 1(d	11	
2	CERTIFICATION	190 DATE OF OPERATION	196 CONDI	TION FOR WHICH	OF RATIO	ANT	AED	28s AUTOPSY? VES □ NO		WERE FINDIN NG CAUSES		(?
7		210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF I	PEAIN	M. MONTH DA	AY YEAR	21c. HOW INJU	IRY OCCURR	ED (ENTER NATURE OF IN)	DRY IN ITEM 18, PAR	T 1 OR PART 2)		7/6
	MEDICAL	21d. INJURY OCCURRED WHILE NOT WHILE	21e PLACE ((AT HOME, STR	OF INJURY EET, FACTORY, OFFICE, F	ARM, ETC.)	211. LOCATION		CITY OR 10	WY	COUNTY	STA	TE
		220.1 certify that (1) (this has sow the deceased olive		deceased from	36	2/19	19_7/		19 19		that (I) (M	
		obove. (I) (and (did) (and I) (did)	Clock	Oluly		DEGREE	ENDING YSICIAN	MEDICAL STA	FP	The DANG	SIGNED	26
/		DAVID CAL	WEN	15016-	RAD	22e ADDRES	Wen	SPHIG	tup	wa	209	02
	Bi	SURIAL, CREMATION, REMOVA PECIFY) Wal	May 16,	, 1986 Pa	ırklau	emetery or cre	ery	23d LOCATION CITY OR TOWN ROCKVILLE				and
	24 FL	INERAL DIRECTOR Franc	is J. Co.	llinsopess Jr	١.		25a. DATE	REC'D. BY REGISTRAF	25b. REGISTRA	AR'S SIGNAT	URE	
	50	O University B	slud. Wes:	t Silver	Sprin	9,Md.	I M/	Y 22 1986	1	120	binder	



FOR

- STATE

14 FATHER'S NAME

REGISTRAR

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

15. MOTHER'S MAIDEN NAME

CERTIFICATE OF DEATH

REG. NO.	6	7	7	7
20. DATE OF DEATH MONTH	2.9 8	YEAR B	26 HOL	PA
6. AGE (IN YEARS LAST BIRTHDAY)	IF UNDE	RIYEAR	IF UNDER	23 HRS
79 YRS	MONTH5	DATS	HOURS	MIN.
9 BALTIMORE CITY OR COUN	TY OF DE	ATH	100	

12b. KIND OF BUSINESS OR

STATE

UFEI INDUSTRY

DECEASED NAME TERST	il H	12 Ai	UES	20. DATE OF DEATH MONTH C
FEMILE .	WHITE	5. DATE OF BIRTH MONTH DAY MAY 7.	1907	6. AGE (IN YEARS LAST BIRTHDAY) 79 YRS.
BRITHPLACE IN TE OR FOREIGN	76. CITIZEN OF WHAT COUNTRY?	MARRIED NEVER	MARRIED	9 BALTIMORE CITY OR COUNTY MONTGOMEN
TAKOMA PARK	IT NAME OF HOSPITAL, NURSING IF NOT IN SUCH FACILITY, GIVE STREET A DO			120. USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFE HOMEMAKER
JSUAL RESIDENCE (IF NURSING HOME OF		ADMISSION) N 13d. INSIDE C	ITY LIMITS?	13e.STREET ADDRESS / ZIP CODE

MIDDLE SCHAAL MIDDLE DNNA 17 INFORMANT WAS DECEASED EVER IN U.S. ARMED FORCES? ANN MCLAUGHLIN, SOS BELFORD PL.

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) Canditians, if any, which gave rise to immediate cause (a), stating the DUE TO, OR AS A CONSEQUENCE OF underlying cause PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110

20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH?

ACCIDENT WAS UNDERLYING HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH

(IF EITHER NOTIFY MEDICAL EXAMINER)

THE INJURY OCCURRED 211 LOCATION 21e. PLACE OF INJURY CITY OR TOWN COUNTY (AT HOME, STREET, FACTORY, OFFICE FARM, ETC.)

NOT WHILE AT WORK 220.1 certify that (1) (this hospital) attended the deceased from 4/26 saw the deceased alive on 5/29 and that in (my) (our) opinian death occurred on the date and hour and Iram the couses stated

above, (1) (we) (did) (did nat) view the body after death DEGREE ATTENDING STAFF PHYSICIAN DIRECTOR PHYSICIAN

22e ADDRESS

236 NAME OF CEMETERY OR CREMATORY COUNTY

14 FUNERAL DIRECTOR

C'D. BY REGISTR R 256 REGISTRAR'S SIGNATURA 250 DATE B

DHMH - 16 60M 7/B4 (VRA 15, 4)

The Market of the A CHAIN CONTRACTOR OF THE STATE The things of the second of th The second section of the second seco THE THE BURY MAD TO GODD THE HAR the transfer of the first of the second of t

0 - 0 1 4 0 0	RI	GISTRAR 7 16			CERTIFIC	CAILOI	PERIII	REG. NO).	
140		SED NAME FIRST	4.5	MIDDLE	L/	AST		20. DATE OF DEATH	MONTH D	AY YEAR
L \	TYPE OR I	Ellswort	th	Н.	Rap	pee		May	20	198
ge 4 may rs after dee	sex Ma	le	4 RACE whi	Lte	5. DATE O		1920	6. AGE (IN YEARS LAST BIRT		IF UNDER 1 YEA
nerol dir 10 72 hou	Was	PLACE ISTATE OR FOREIGN TRUING TON, DC		WHAT COUNTRY?	MARRIEI WIDOWE		MARRIED T	9 BALTIMORE CITY <u>OI</u> Mon to		
5 63 5		or town of DEATH r Spring	11. NAME OF 1	HOSPITAL, NURSING THE FACILITY, GIVE STREET A END TOOK DI	GHOME O	R OTHER INS	NOITUTION	120. USUAL OCCUPATION OF POSTAL	ervic	12b. KIND INDUSTR
24 18 Mi	o. V	and Honte		GIVE RESIDENCE METORE	ADMISSION)	13d. INSIDE	CITY LIMITS?	The Roton	da4- k uri	3232 Ve
ompletely ond 2 s	. FATHI	er's Name Henry	MIDDLE	Rapee			's MAIDEN NAM ettie	NE 8370 Gre	ensb	oro I Lusb
ne execut		DECEASED EVER IN U.S. ARI	MED FORCES?	577-18-8		Brend	a R. (dau	ighter) Son-3917 We	endy I	ane, ²
Carlo Maria	18.	CAUSE OF DEATH (Enter onl PART I. DEATH WAS CAUSEI IMMEDIAT	ly one couse per D BY; E CAUSE (o)	line for (o), (b), and Liver		ure		a T	7821	appr 2
		anditions, if ony, which	DUE TO, O	R AS A CONSEQUE Me ta	NCE OF as tat	ic car	cinoma			2
d by the ease remain of other 1	C	over 11se to immediate buse (o), stoling the anderlying cause lost.	DUE TO, O	R AS A CONSEQUE Adenocat	NCE OF Cinor	ma of	colon			4
equires Then pl Then pl injury, o		RT 2 OTHER SIGNIFICANT C	ONDITIONS <u>C</u>	ONTRIBUTING TO D	EATH BUT	NOT RELATE	D TO THE TERMI	nal disease or cond	ITION GIVE	N IN PART
V: The low required on the control of the control o	190	DATE OF OPERATION	19b. COND	ITION FOR WHICH (OPERATION	WAS PERF	DRMED	20a AUTOPSY? YES NO X		WERE FINI ING CAUS
フェ ボンニー(ツ)	0.0	ACCIDENT WAS UNDERLYING CONTRIBUTING CAUSE OF DEA	101	M. MONTH DA	Y YEAR	21c. HOW II	NJURY OCCURR	ED (ENTER NATURE OF INJUR	IN ITEM 18 PA	ARTIOR PART?
or ottending por ottending por ottending por After this certifice os the buriol-light and Mentolomarked ar Item	216 WAT	MILE NOT WHILE NORK	21e PLACE	OF INJURY REET, FACTORY, OFFICE, FA	RM, ETC)	21f. LOCATI		CITY OR TOV	IN	COUNTY
ipitol or STOR; Af for use of Healt		I certify that (I) (this hospit saw the decases alive on above. If the land had no			Oct. 36 , on	30 d that in (my	, 19 <u>80</u>) (our) opinion d	, to May 8, eoth occurred on the do	te and hour	9 <u>86</u> ond from tl
ALOR A the hor ALDIREC detoched ote Dept. IT: If Item	721	Many	14	200	7	DEGREE	ATTENDING PHYSICIAN	MEDICAL STAF	E AN	22c. DA May
FUNER PLANTER PARTIES OF TANK	22	Thomas F.		MD		27e ADDRE 5103	SS	Pike, Capi		lgts.

23b. DATE

11800 N.H. Ave., Silver Spring, Md.

items 13a thrul3e,

- STATE film#G615-5/28/86

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

Lusby 7 Wendy Lane, 20906 Md. APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 2 years 2 years 4 years R CONDITION GIVEN IN PART 110 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? OX YES [NO [OF INJURY IN ITEM 18 PART I OR PART 2) TY OR TOWN COUNTY 86___, that (I) (We) lost n the date and have and from the causes stated 22c. DATE SIGNED STAFF PHYSICIAN [Capitol Hgts. Md. 20743 23r. NAME OF CEMETERY OR CREMATORY 23d. LOCATION May 23, 1986 Gate of Heaven Cemetery Silver Spring Montgomery Md. GISTRAR 256. REGISTRAR'S SIGNATURE

2b HOUR

11:A. IF UNDER 24 HRS

12b. KIND OF BUSINESS OR US Govt.

1986

IF UNDER 1 YEAR

DHMH - 16 60M 7/84 (VRA 15, 4)

23e BURIAL, CREMATION, REMOVAL

Burial

Hines/Rinaldi Funeral Home

24 FUNERAL DIRECTOR

	HAME OF THE PERSON OF THE PERS	160/19/4 (95		nef ens	
					1 1 4 4 4
		and and	450000		
The second			TOWN		
4.31					

の記事

street ADDRESS / ZIP CODE 20900 14425 Taos Ct. Silver Spring, Md. (Unknown) Silver Spring. Shirley R. Smith 14425 Taos Ct. Maryland 20906 RELATED TONTHE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 206 IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH! COURT Linte and that in (my) (our) opinion death occurred on the date and hour and from the causes stated 22c DATE SIGNED DIRECTOR PHYSICIAN 350 23c NAME OF CEMETERY OR CREMATORY 230 BURIAL, CREMATION, REMOVAL Burial Gate of Heaven Cemetery Silver Spring, Mont., May/9/86 24 FUNERAL DIRECTOR BY REGISTRAR 256 REGISTRAR'S SIGNATURE Chambers Funeral Home Silver Spring. Maryland

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

YEAR

INDUSTRY

20906

26 HOUR

26. KIND OF BUSINESS OR

Dry Cleaning

IF UNDER 24 HAS

DHMH - 16 60M 7/84 (VRA 15, 4)

- STATE

DAYON TORONTO AND DAYS THE TANK OF THE PARTY OF THE PARTY

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STATE OF MARYLAND

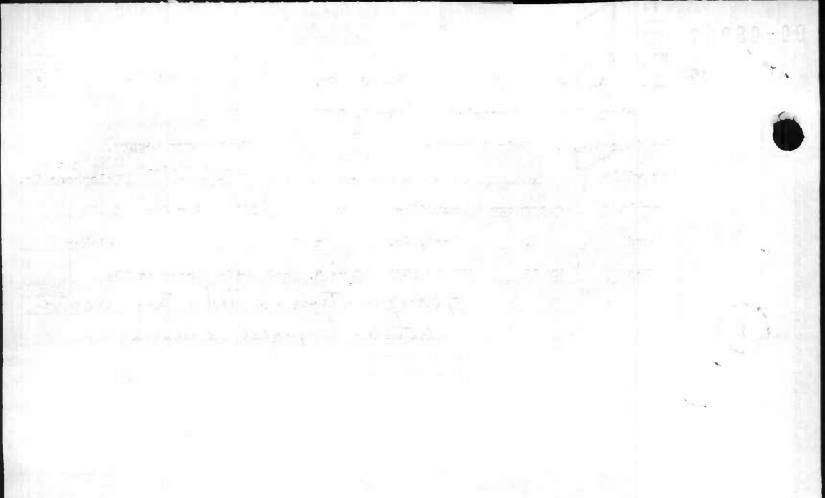
DEPARTMENT OF HEALTH AND MENTAL HYGIENE

8	6 REG, NO.	5	U	0	6

н		REGISTRAR		CEI	CHIPICALE OF DEA	AIM	REG. NO). "	~		
1		EASED NAME FIRST	MIDD	l E	LAST				AY YEAR	76 HOUR	
1		Boyd	R	R	ead Jr.		05-	13-81	6	J AM	
1	3. SEX		4 RACE	5. D	ATE OF BIRTH		6 AGE (IN YEARS LAST BIRT	_	IF UNDER I YEAR		
ı		Male	Caucasi		av 2. 1920	YE AR	66	YRS.	ONTHS DAYS	HOURS MIN.	
7		THPLACE ISTATE OR FOREIGN	76. CITIZEN OF WH	AT COUNTRY2 8	RRIED NEVER MA	DD15D []	9 BALTIMORE CITY OF	COUNTY	OF DEATH		
1		ouniry) shington.D.C.	United S			RCED	Montgomer	v Com	ntv.	MD.	
1		Y OR TOWN OF DEATH	11. NAME OF HOS	PITAL, NURSING HO	ME OR OTHER INSTITU	-	12a USUAL OCCUPATIO	NC	12h KIND C	OF BUSINESS OR	
4	Reic	ckville		CILITY, GIVE STREET ADDRES			Central of	fice LIFE		C & P ohone Co.	
\$	USUA	L RESIDENCE (IF NURSING HOME O	ROTHER INSTITUTION GIVE		SION)	,	Forema		Trerei	mone co.	
d	Me. S1		gomery 13c	Rockville	136 INSIDE CITY YES X N	LIMITS?	301 Taylor		20850		
7		THER'S NAME	gomery	ROCKVIIIE	15 MOTHER'S M			Ave	20030	· · · · · · · · · · · · · · · · · · ·	
Λ		FIRST	MIDDLE	Dan d Con	FIR		MIDDLE		LAS		
+		Boyd (AS DECEASED EVER IN U.S. AI	R.	Reed, Sr.			ADDRE	SS	Rink	ker	
I		ES, NO OR UNKNOWN) (IF YES, G	VE WAR OR DATES)						- 0		
ŀ	-	Yes WW	11 [5	78 10 2023	Cora B.	Reed	wife sa	me as			
ı		18 CAUSE OF DEATH (Enter of PART I, DEATH WAS CAUS	nly one couse per line		t.	. 0	7.12	12.	4 -	MATE INTERVAL ONSET AND DEATH	
1			TE CAUSE (0)	gerong	sumario	n-0	overed as	revy	NUC	ionds.	
Ţ			DUE TO, OR AS	S A CONSEQUENCE	or D.		. 1	1			
ı		Conditions, if any, which (b) Melastalic Yarynglal Carrengia									
1		gove rise to immediate cause (a), stating the DUE TO, OR AS A CONSEQUENCE OF									
1		underlying couse lost.									
1		PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110									
ı	0										
1	A	190. DATE OF OPERATION	19b. CONDITIO	196. CONDITION FOR WHICH OPERATION WAS PERFORMED			20a AUTOPSY?	20b. IF YES	, WERE FINDI	NGS USED	
4	CERTIFICATION						YES NOT	YES	YING CAUSES	NO []	
1	8	21g. ACCIDENT WAS UNDERLYING				RY OCCURRI	ED (ENTER NATURE OF INJUR				
ı		OR CONTRIBUTING CAUSE OF OR		MONTH DAY Y	EAR						
1	MEDICAL	(IF EITHER, NOTIFY MEDICAL EXAMINE 21d INJURY OCCURRED	P.M. 21e. PLACE OF	IN ILIRY	19 ZII LOCATION						
1	ME	WHILE NOT WHILE I		EACTORY, OFFICE, FARM, ET			CITY OR TO	NN	COUNTY	STATE	
1						70	0 5-13		- 24		
1		220.1 certify that (1) (this hasp saw the deceased alive o	4	35 19 86	and show in (mus) (no	19_/	9, 10 1 _ 1 _ 1		19.25	that (we) last	
ł		above (1) (we) (did) (did n	at) view the body of	r death.		or / opinion a	leath occurred on the do	re ona naur	ond from the	couses stated	
ı		226 SIGNATURE	1 2 10	{	DEGREE	ENIDINIO	MEDIAL STAF		22c DATE	SIGNED	
		MONOR NUCY MAL ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN							15-	12-80	
1		22d. PHYSICIAN'S NAME (TYPE	OR PRINT)	12.	27e ADDRESS		11 11 A		0 1	1.11	
1	13	(78 MA	ild L.	Ducy	1809 V	eles	Mill 16	.ol.	MOCN	UILE	
1		URIAL, CREMATION, REMOVA	23b. DATE May	23c NAME	OF CEMETERY OR CRI	MATORY	23d LOCATION				
	15	Burial	16, 19	86 Park	lawn Memori	al Par	rk Rockvi	11e	Mar	rvland	
	24 FU	INERAL DIRECTOR Robert									
		West Montgome				M	AY 1 9 1986	734204	and the second of		
-1	300	Home Bome						76			

DHMH - 16 50M 4/B3 (VRA 15, 4)

should be detached for us with the State Dept. of He IMPORTANT: If Hem 21 is



in thicate be executed within 24 haurs after death. Page 4 may be physician and campletely filled in by the funeral director, page 3 manpapers. Pages 1 and 2 should be filed within 72 hours after death

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that retained by the haspital or attending physician. TO FUNERAL DIRECTOR: After this certificate has been signed should be detached for use as the burial-transit permit. Then play with the State Dept. of Health and Mental Hygiene prior to burial IMPORTANT: If them 21 is marked or them 18 shows any injury, and

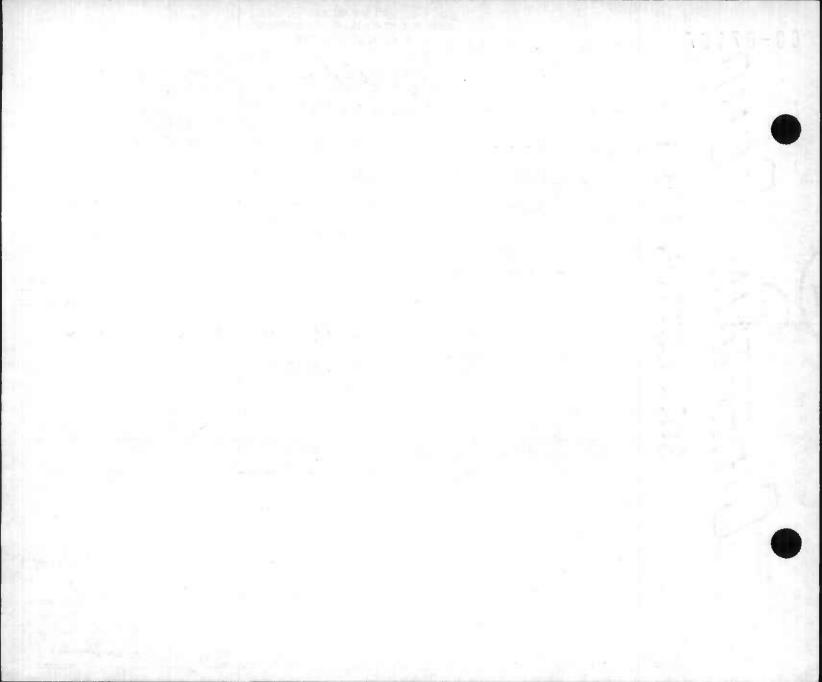
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201

DHMH - 16 60M 7/84

	1-	FOR STATE REGISTRAR		DEPARTM	ENT OF H	E OF MARYLAND EALTH AND MENTAL HY ICATE OF DEATH	GIENE &	3. 6	15	0 0 3		
		CEASED NAME FIRST		MIDDLE	L	AST	2a DATE OF		REG. NO. ATH MONTH DAY YEAR 2b HO			
		Mary		E	Re	eister	May	20	1986	12:15pm		
	3. SEX	Χ	4. RACE		5. DATE C		6. AGE INY	EARS LAST BIRTHD	MONTHS D	YEAR IF UNDER 24 HRS		
	1	Female	Caucasi	an	MONTH TT	24 1890	95		YRS			
74		RTHPLACE (STATE OR FOREIGN	76 CITIZEN OF	WHAT COUNTRY?	8 MARRIE	D NEVER MARRIED	9 BALTIMO	RE CITY OR	COUNTY OF DEAT	Н		
2		ennsylvania	USA		WIDOWE	70.00	Mona	tgomery	1	MD.		
	Si	ilver Spring	univer	isity Nurs	ing t	PROTHER INSTITUTION	170 USUAL	OCCUPATION	ORKING LIFE INDUS	nd OF BUSINESS OR TRY Otel Industry		
	13a S	N/A N/A	INTY	13c. CITY OR TOWN Washingto	1	13d. INSIDE CITY LIMITS? YES 🚺 NO 🗌		address/z	P CODE Street	20008		
1	114 FA	THER'S NAME FIRST	MIDDLE	LAST		15 MOTHER'S MAIDEN N	AME	WIDDLE		LAST.		
		Patrick		Norton		Mary			How			
2		VAS DECEASED EVER IN U.S. A	RMED FORCES?	166 SOCIAL SECUR		17 INFORMANT				n, Florida		
2		lo		578-46-37	94	Frank A. Re	ister 2:	701 No.	Ocean B	lvd. 33431		
NO	ION	Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last. PART 2 OTHER SIGNIFICANT	DUE TO, O	V	NCE OF	Braw of	MINAL DISEAS	E OR CONDIT		347.		
7	CERTIFICATION	190 DATE OF OPERATION	ITION FOR WHICH C	N WAS PERFORMED	200. AUTOPSY? 200. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES \(\begin{array}{c} NO \(\begin{array}{c} \text{VES} \(\begin{array}{c} \text{NO} \\ \text{US} \end{array} \]							
1	AL CER	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF D	EATH HOUR A.	PFINJURY M. MONTH DA' M.	Y YEAR	21c. HOW INJURY OCCU	RRED (ENTER NA	TURE OF INJURY IT	NITEM IB PART I OR PAR	1 2)		
	MEDICAL	21d. INJURY OCCURRED	21e PLACE	OF INJURY		211. LOCATION		CITY OR TOWN	COUNT	Y STATE		
	¥	WHILE NOT WHILE	(AT HOME, ST	REET, FACTORY OFFICE, FA	RM, ETC)	STREET		-/	COUNT	STATE		
		220.1 certify that (1) this has saw the decreased almost obove, (1) (we) (did right) 22b. SIGNATURE	170/	otter/death.		nd that is my our) opinion DEGREE ATTENDING		d on the date	and hour and from	the (i) we) lost in the courses stated		
7		/ hollow	1	uno		PHYSICIAN	DIRECTOR	PHYSICIAL	N 4/0	200		
/		Myron L. Lenk	/	an . 36		2309 Shoref	ield Rd	. Whea	ton, Md.	20902		
		BURIAL, CREMATION, REMOVA		23c. N.	AME OF C	EMETER COMPLETATORY	23d. LOC					
	R.	SPECIFY)	May 22	2,1986 Nor	th S.	ide Catholic		Townsh	rip Alleg	heny Pa.		
	24 FL	UNERAL DIRECTOR France Of University Bl	is J. Co Lud. Wes	ollins. Ir t Silver	Spri				i. REGISTRAR'S SIG			



	1						E OF MARYLAND						
11-17/67	1.	FOR STATE					ICATE OF DEAT		NE	8 6	8	5 0	0 4
00 01401) DÉ	REGISTRAR E1	sie R.	Reyno	MIDDLE		AST -		n DATE	REG. NO.	TH DAY	YEAR I	2b. HOUR
oy be oge 3 deoth		OR PRINT)	Else	2	R.	Roy	rolda		u. DATE	ma		86	ZII. HOUR
шоу поу	3. SE	× 22 /	4 R	ACE		5. DATE O			AGE (II	YEARS LAST BIRTHDA	IF UND		IF UNDER 24 HRS
ge 4	1	e111418	D	vhi te		Apri	1 16, 189	9	97		YRS	DATS	HOURS MIN.
Pour Phou		RTHPLACE (STATE OR FO	DREIGN 76. C	ITIZEN OF	WHAT COUNTRY	Y? 8 MARRIE	D NEVER MARR	HED 9	BALTIM	ORE CITY OR CO	DUNTY OF DI	EATH	
deoth thing deco	Ma	ryland		S.A.		WIDOW	DIVORC	ED 🗌		gomery (MD.
by the fur	G	TY OR TOWN OF DEA	Wi	IF NOT IN SU	Health	Care C	or other instituti			LOCCUPATION ORK FOR MOST OF WO Cher	RKING LIFE) IN	KIND OF DUSTRY Educa	BUSINESS OR tion
in b	USU	AL RESIDENCE (IF NURSIT	NG HOME OR OTHE	RINSTITUTION	GIVE RESIDENCE BEF	ORE ADMISSION)							
tille 24			Montgor		Gai ther		YES NO	MITS?	211	ADDRESS / ZIF Russell	Avenue	20	877
ampletely f	14 F/	THER'S NAME	MIDDI	LE	LASI		15. MOTHER'S MAI	IDEN NAME		MIDDLE		LAST	
D G O	_	arry			Rineha		Susie				unkı		
Poges Poges		VAS DECEASED EVER I	N U.S. ARMED		16b. SOCIAL SE		17. INFORMANT			13616ESB			
Pogre medi	No				218-34-	8838	Thomas K	. Rett	tew	Phoenix			21131
movol.	-	18 CAUSE OF DEATH PART I. DEATH WA	Enter only on AS CAUSED BY IMMEDIATE CA		r line folial, (b),	and	in an	Ne	1		247	BETWEEN ON	NSET AND DEATH
or ren	-			DUE TO, C	DR AA CONISEC	LIENICE OF	a fine	X			11	1 - 1	-
the de the at remov emotion, er troumc		Canditions, if ony,	which	ıb)_	MAN	My	mery	DI	se	ase	- 7	UV	2
	1	gave rise to imm couse (a), stating	the \	DUE TO, O	RAPACASEC	UENCE OF							
thot d by leose rol, cr or oth		underlying cause	last.	(c)	Men	w	cera	ses					
gne bur	z	PART 2. OTHER SIGN	IFICANT CON	DITIONS C	ontributing to	DEATH BUT	NOT RELATED TO T	THE TERMIN	AL DISE	ASE OR CONDITIO	DN GIVEN IN	PART Ira	
been si mit. The prior to ony inju	TIO	19a DATE OF OPERAT	ION	IN COND	ITION FOR WHICH	TH OBERATIO	N WAS PERFORMED		20- 411	TOPSY? 201	. IF YES, WER	E EINIDINI/	CELICED
hos b perm ne pr	CERTIFICATION	198 DATE OF OPERAT	IOIN	198 COND	IIION FOR WHIC	IN OPERATIO	IN WAS PERFORMED		YES [IN NO.	CERTIFYING	CAUSES C	OF DEATH?
	ERT	21g. ACCIDENT WAS UNDE	RLYING	21b. TIME C	OF INJURY		21c HOW INJURY	OCCURRED				PART 2)	NO []
SICIAN: The ng physico certificate uniol-tronsit tentol Hygie frem 18 she		OR CONTRIBUTING C			.M. MONTH	DAY YEAR							
ding ding or the	MEDICAL	21d INJURY OCCURR		21e PLACE	OF INJURY		211 LOCATION			CITY OR TOWN	4	nuwai -	STATE
DING PH or otten After thise os the ise os the i	E	WHILE NOT WHE	LE 🔲	(AT HOME ST	REET FACTORY OFFIC	E, FARM, ETC.)	STREET		,/	CITY OR TOWN	1/2	7	STATE
D A S S S		22a certify that (1) (attengled-1)	le deceased from	n	Way 19	83	. 10		1614	1. th	nat (1) (we) lost
TTEN pitol TTOR: for us of He		saw the deceased above, (1) (we) (d	d alive an	7/	22/5/19	. 0	nd that in my) (our	opinian dec	ath accur	red on the date o	nd hour and f	ram the co	auses stated
OK ATTEN he haspital DIRECTOR, oched for up Dept. of He		226. SICNATURE	NI	21	1 -2	28/	DEGREE		hienie i	CTAFF	2:	C. DATE SI	IGNED
SPITAL O d by the NERAL DI be detock e State De		- Mas 7	4/10	W.	(1)		PHYS	IDING ICIAN	MEDICA DIRECTO	R PHYSICIAN		5/2.	2176
OF B 등 R		270. PHYSICIAN'S NA	ME TYPE OR PRIN	TRD	611	6 Ro	22e. ADDRESS	el,	Be	theels	20	181.	7
Short	23e. I	BURIAL, CREMATION, F	REMOVAL 23	Bb. DATE	23	NAME OF C	EMETERY OR CREM	ATOR)		CATION		4	+
BP	Bu	rial	0	5/24/	1986 W	oodlaw:	n Cemeteri	12		altimore	. Marul		STATE
DHMH - 16 60M 7/84	24. F	JNERAL DIRECTOR			ADDRESS			250. DATE R	REC'D. BY	REGISTRAR 256	REGISTRAR'S	SIGNATU	RE
(VRA 15, 4)	Le	onard J. Ru	ick, In	c. Ba	ltimore	, Mary	land	MAY	23	1986 Jul	a Davida	1-16u	2000



00-08644 1 - STATE

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

8 6 REG. NO.	Antachan	5	Ü	0	1.0

REGISTRAR		CEKII	FICALE OF DEATH	REG. NO	D			
1. DECEASED NAME FIRST		WIDDLE	LAST	20 DATE OF DEATH		AR 2b. HOUR		
Josep	h	R1	cketts	May	26, 198	36 4:20 PI		
3. SEX .	4. RACE	5 DATE	OF BIRTH	6 AGE (IN YEARS LAST BIR	YEAR IF UNDER 24 HRS			
Male	Bla	ick Jun	ne 15, 1929	56	YRS.			
70. BIRTHPLACE (STATE OR FOREIGN		WHAT COUNTRY? 8 MARRI	ED MEVER MARRIED	9 BALTIMORE CITY O	_	Н		
Wash. DC	USA	WIDOW	/ED DIVORCED	Montgomery				
Olney	LIF NOT IN SUC	HOSPITAL, NURSING HOME H FACILITY, GIVE STREET ADDRESS) OMERY Gener	al Hospital	120 USUAL OCCUPATE (TYPE OF WORK FOR MOST O Port	F WORKING LIFET INDUS	ND OF BUSINESS OR		
USUAL RESIDENCE (IF NURSING HOME 136 STATE 136 CO MD MG 14 FATHER'S NAME FIRST	ontg.	GIVE RESIDENCE BEFORE ADMISSION 13. CITY OR TOWN Silver Spr: LAST	13d INSIDE CITY LIMITS? 15. MOTHER'S MAIDEN NAM		stle Blv	d/ 20904		
160 WAS DECEASED EVER IN U.S.	ARMED FORCES?	166 SOCIAL SECURITY NO.	17. INFORMANT	ADDRE	SS			
	Korean	215-26-039	4 Mary Ricke	tts (wife) same a	s #13		
18 CAUSE OF DEATH (Enter	only one couse per	line for (o), (b), and (c)			BETV	PROXIMATE INTERVAL VEEN ONSET AND DEATH VEALS		
	IMMEDIATE CAUSE (0)							
	DUE TO, OI	R AS A CONSEQUENCE OF ONTRIBUTING TO DEATH BU GOVERNMENT	T NOT RELATED TO THE TERM		DITION GIVEN IN PAI	years RT 110		
190 DATE OF OPERATION 1100 DATE OF OPERATION 210. ACCIDENT WAS UNDERLYING		TION FOR WHICH OPERATION		200 AUTOPSY?	20b. IF YES, WERE F	INDINGS USED USES OF DEATH?		
112.190		GANGRENE OF PS		YES NO	YES 🗌	NO 🗌		
	DEATH HOUR A.	M. MONTH DAY YEAR	21c HOW INJURY OCCURR	(ED (ENTER NATURE OF INJUI	RY IN ITEM 18 PART I OR PA	RT 2) ~		
OR CONTRIBUTING CAUSE OF LIFE EITHER NOTIFY MEDICAL EXAMI	21e PLACE	OF INJURY REET, FACTORY, OFFICE, FARM, ETC.)	21f LOCATION STREET	CITY OR TO	TY STATE			
220.1 certify that (1) (this had sow the deceased alive above, (1) (westand) (did	on MAY :	26 10 86	and that in (my) town) opinion of	to Macy =		. 11101 (11 (44 0) 1031		
22b SIGNATURE		eus, 45.	DEGREE ATTENDING PHYSICIAN	MEDICAL STAF	F	nay 27, 1986		
22d. PHYSICIAN'S NAME (TY)	PE OR PRINT)		3941 FEAN	and drive h	WEATON M	D 20906		
230 BURIAL, CREMATION, REMOV			CEMETERY OR CREMATORY	23d LOCATION	COUNTY	STATE		
Burlar	5-30-	oo Asn M	emorial Cem.	Sandy S		lontg. MD		

BP. DHMH - 16 60M 7/84

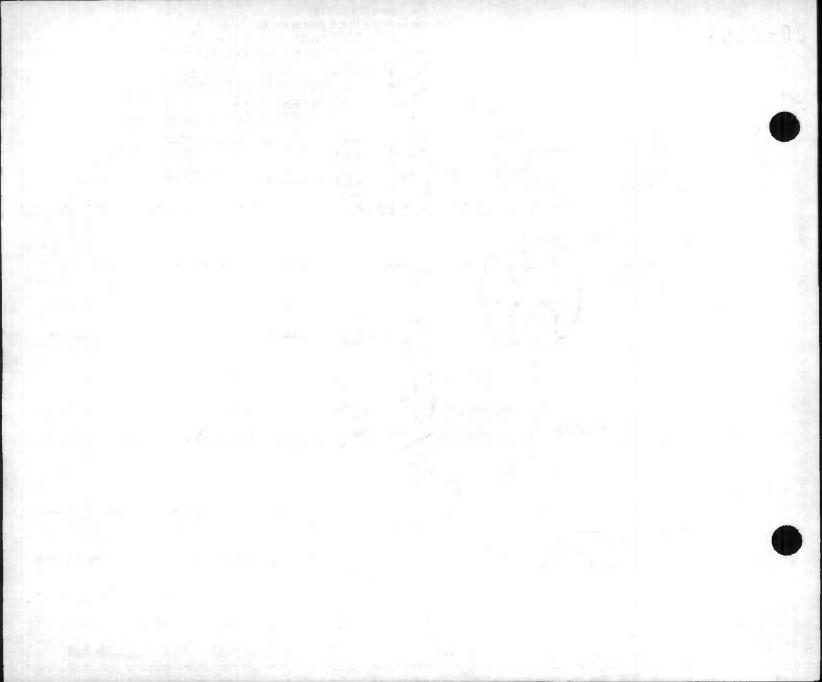
Should be detached for use as IMPORTANT: If Item 21 is

certificate has been unal-transit permit. The

(VRA 15, 4)

George R. Snowden

246 N. Washington St. Rockville, MD 20850



DHMH - 16 60M 7/84 (VRA 15, 4)

24 FUNERAL DIRECTOR Hines Rinaldi Funeral Home 11800 N.H. Ave., Silver Spring, Md.

May 17, 1986 Gate of Heaven

STATE OF MARYLAND

Silver Spring Montgomery Md. 250. DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE

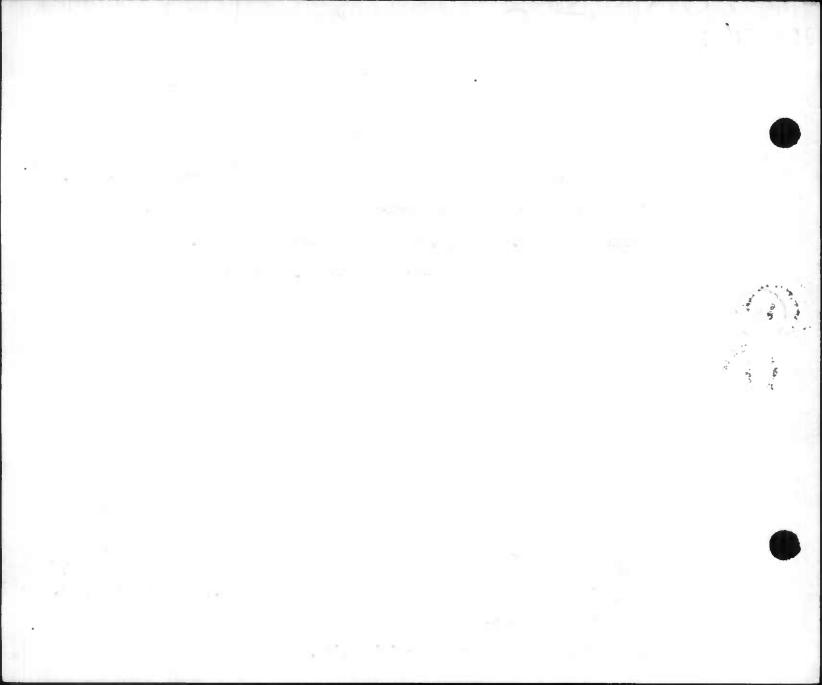
and the standard of the standard

UNDER 24 HRS

20904

STATE

	STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE (2) 4 1 (2) (3) (7)
00-07001	1 - STATE REGISTRAR CERTIFICATE OF DEATH S O S S S S S S S S S S S S S S S S S
be oge 3	1. DECEASED NAME FIRST MIDDLE A. RIFE 20 DATE OF DEATH MONTH DAY YEAR 20. HOUR 5 18 865: AM M
may ctur. pog	3. SEX 4. RACE 5. DATE OF BIRTH MONIH DAY VEAR OI 20 20 66 VRS. WHITE VRS. 6. AGE (IN YEARS LAST BIRTHDAY) WONIHS DAYS HOURS MIN. VRS.
15 TE	70. BIRTHPLACE (STATE OR FOREIGN TO COUNTRY) 76. CITIZEN OF WHAT COUNTRY? 8 MARRIED NEVER MARRIED NEVER MARRIED NOTE ON THE COUNTRY OF COUNTRY OF DEATH WIDOWED DIVORCED DIVORCED DIVORCED MARRIED NOTE OF REAL PROPERTY OF COUNTRY OF DEATH WIDOWED DIVORCED D
and the for	SILVER SPRING HOLY CROSS HOSP, 1500 TOROST GOND Specialist 126 KIND OF BUSINESS OR OF Agr.
	USUAL RESIDENCE IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION 13d, INSIDE CITY LIMITS? 13e, STREET ADDRESS / ZIP CODE 10414 Royal Road 20903
d within d within the state of	14 FATHER'S NAME FIRST MIDDLE LAST MAURICE T. Rife Bernice E. Gable
BALTIMORE, on the second per reducing con part. Page Neal of the medical of the m	160 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO. 17 INFORMANT ADDRESS YES, NO OR UNKNOWN) VW 11 195-14-5233 Nadine E. Rife-wife- (same as 13e)
Company of the sent the	18 CAUSE OF DEATH (Enter only one cause per line for to), (b), and ich part I. Death was Caused BY: IMMEDIATE CAUSE (a) MOSSIVE STOKE? Brain herntation
1 W. PRESTON ST hat the death can by the attention ose remove dataon of, cremation, or re-	Conditions, if ony, which gove rise to immediate cause (a), stating the underlying cause last DUE TO, OR AS A CONSEQUENCE OF DUE TO, OR AS A CONSEQUENCE OF (c)
DIVISION OF VITAL RECORDS, 201 W. PRESTON NG PHYSICIAN: The low requires that the depth of other this certificate has been signed by the attention os the burial-transit permit. Then please remounded the and Mental Hygiene prior to bolical, cremation or the and Mental Hygiene prior to bolical, cremation or the attention or the	PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 160 DO TO TO TO THE SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 160 DO TO TO THE SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 160 190. DATE OF OPERATION 190. CONDITION FOR WHICH OPERATION WAS PERFORMED 200. AUTOPSY? 200. IN PART 160 YES NOT YES NOT THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 160 200. AUTOPSY? 200. IN PART 160 YES NOT THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 160 200. AUTOPSY? 200. IN PART 160 YES NOT THE TERMINAL DISEASE OR CONDITION GIVEN GIVE
SION OF VITA PHYSICIAN: The anding physicic terrificate buriol-transit d Mental Hygis	OR CONTRIBUTING CAUSE OF DEATH
TENDI or to or to or use or use of Heol	WHILE AT WORK NOT WHILE AT WORK 19 NOT WHILE AT WOR
SPITAL O'SPITAL O'SPITAL O'SPITAL O'SPITAL O'SPITAL D'SPITAL D'SPITAL D'SPITANT: IF H	ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN 5 1886 122 ADDRESS 8830 Cameron St., Silver Spring, Md. 2091
BB TO HC TO FI	230. BURIAL, CREMATION, REMOVAL (SPECIEV) Burial 23b. DATE Rest Haven Cemetery Hanover Penna.
DHMH - 16 50M 4/83 (VRA 15, 4)	Hines Rinaldi Funeral Home STIver Spring, Md. 250 DATE RECT. BY REGISTRANS SIGNATURE MAY 9 1986



DEPARTMENT OF HEALTH AND MENTAL HYGIENE

REGISTRAR		CERTIFICATE OF DEATH	REG. NO.	3 0	0 0
1. DECEASED NAME BARE (TYPE OR PRINT) BORDOR		ROBERSON	5- 28-	86	2h HOUR
3. SEX	4. RACE	5. DATE OF BIRTH		IF UNDER TYEAR	IF UNDER 24 HRS
Female	White	MONTH DAY YEAR 4 15 53	32 YRS	ONTHS DAYS	HOURS MIN.
70 BIRTHPLACE STATE OF FOREIGN	76. CITIZEN OF WHAT COUNTRY?	8. MARRIED EXNEVER MARRIED	9. BALTIMORE CITY OR COUNTY	OF DEATH	1000
West Virginia	USA	WIDOWED DIVORCED	Montgomer	У	MI
10. CITY OR TOWN OF DEATH	11. NAME OF HOSPITAL NURSIN	G HOME OR OTHER INSTITUTION	120. USUAL OCCUPATION	126 KIND C	F BUSINESS OR

Holy Cross Hospital Silver Spring USUAL RESIDENCE (IF NURSING HOME OF OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION) 136 COUNTY 13g. STATE

Montgomery

MIDDLE

N/A

13c. CITY OR TOWN 01nev

13d INSIDE CITY LIMITS? YESX NO T 15. MOTHER'S MAIDEN NAME

FIRST

Frances

13e STREET ADDRESS / ZIP CODE 3467 Bantry Way

ADDRESS

MIDDLE

TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY

Carlton E. 160. WAS DECEASED EVER IN U.S. ARMED FORCES? IYES NO OR UNKNOWN) (IF YES, GIVE WAR OR DATES)

Marvland

14. FATHER'S NAME

N/A

Shamburg 166 SOCIAL SECURITY NO. 233-86-8017

LAST

(IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS)

17 INFORMANT

Daniel S. Roberson-husband-(same as 13e)

Homemaker

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gave rise to immediate cause (a), stating the DUE TO, OR AS A CONSEQUENCE OF underlying couse

ONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I I I PART 2 OTHER SIGNIFICANT CONDITIONS 19a DATE OF OPERATION

196 CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY? NOM

DEGREE

206. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH?

210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER) 21d. INJURY OCCURRED

NOT WHILE

21b. TIME OF INJURY HOUR A.M. MONTH DAY YEAR 21e. PLACE OF INJURY

(AT HOME STREET FACTORY, OFFICE, FARM, ETC.)

216. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART I OR PART 2)

II LOCATION CITY OF TOWN

220.1 certify that (1) (this hospital) attended the deceased from sow the deceased olive on.

and that in (my) (our) apinion death occurred on the date and haur and fram the causes stated

COUNTY STATE

own home

Vincent

abave, (1) (we) did) thin not view the bady after death 22b SIGNATURE

5-29-1986

STAFF ATTENDING MEDICAL PDIRECTOR PHYSICIAN 22e ADDRESS

22c DATE SIGNED

(SPECIFY) Burial

10 23c NAME OF CEMETERY OR CREMATORY Memory Gardens Pleasant View

COUNTY Martinsburg

BP (VRA 15, 4)

24 FUNERAL DIRECTOR DHMH - 16 60M 7/B4

CERTIFICATION

MEDICAL

11800 N.H. Ave.. Hines/Rinaldi Funeral Home Silver Spring, Md. 250 DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE

Va.

DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201

FOR STATE REGISTRAR

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

2	6-		100	n	n	C
9	REG. NO.	8	-			

	REGISTRAR						REG. NO).		
	DECEASED NAME	FIRST		WIDDLE		AST	20. DATE OF DEATH		DAY YEAR	26 HOUR 9:25P
L		John		Colbert	Rop	erts	May	7 12	, 1986	9:258
3	SEX		RACE		5 DATE C		6 AGE (IN YEARS LAST BIRT	HOAY)	MONTHS DAYS	HOURS MIN.
L	Male		Caucas		Novem		66	YRS.		
70	BIRTHPLACE (STAT	E OR FOREIGN 7		WHAT COUNTRY?	MARRIE	D NEVER MARRIED	9. BALTIMORE CITY OF	_	Y OF DEATH	
1	USA, Vii		USA		WIDOWE	P CLAP HOUSE	Montgome			MD.
10	Olney	DEATH 1	(IF NOT IN SUC	H FACILITY, GIVE STREET	ADDRESS]	eral Hospita	179. USUAL OCCUPATION INTERPRETATION OF THE CONTROL	XORKING LI		s Home
	SUAL RESIDENCE INF BO STATE Maryland	13b. COUNT Montgar	Υ	Silver Spr	N	13d. INSIDE CITY LIMITS?	13e STREET ADDRESS / 16413 New Han	zip cod pshire	e Ave. 2	0964
14	Alexandria	м	IDDLE	Roberts		15. MOTHER'S MAIDEN NAM	ME MIDDLE		Nelso	'n
16	WAS DECEASED E		ED FORCES?	166 SOCIAL SECU	RITY NO.	17. INFORMANT	ADDRE	SS		
	YES NO OR UNKNOWN	Unknow		231-16-302	27	Rita Myers, 725	Briggs Chaney	Rds.	, Silver S	Spring, Md
F				line for (a), (b), on		extension and the	-9/41/19/20/20	TALL	APPROXI BETWEEN C	MATE INTERVAL DINSET AND DEATH
Н	PART I. DEAT	H WAS CAUSED	BY: CAUSE (a)	Reip.	r. tor	y Accest		3010	5,00	
	Canditions, if gove rise ta cause (a), s	immediate	(b)	R AS A CONSEQUE	ir-to	y Fillor			341	
	underlying c	ouse last	((0)	501	, hysc					
3		SIGNIFICANT CO	DNDITIONS <u>CC</u>	DNIKIBUTING TO I	DE ATH BUT	NOT RELATED TO THE TERM	INAL DISEASE OR CONL	HION GI	VEN IN PART Tro	
TILLOUT	190. DATE OF OP	ERATION	196 COND	ITION FOR WHICH	OPERATIO	N WAS PERFORMED	20a AUTOPSY?	IN CERTI	S, WERE FINDIN FYING CAUSES ES	
		CAUSE OF DEAT		FINJURY M. MONTH DA	AY YEAR	21c HOW INJURY OCCURR	RED (ENTER NATURE OF INJUR	Y IN ITEM 18	PART I OR PART ?)	
N. C. S.	(IF EITHER, NOTIFY 21d INJURY OCC WHILE NO	CURRED OT WHILE T WORK	21e PLACE	OF INJURY REET, FACTORY, OFFICE, F	ARM ETC)	211 LOCATION STREET	CITY OR TO	VN	COUNTY	STATE
	saw the dec	et (I) (this hospite ceased alive an ve) (did) (did nat	M.4	e deceased from	86 , al	nd that in (my) (aur) apinion of				that (L) (we) last couses stated
Г	226. SIGNATURE					DEGREE	Name of the		PR. DATE	SIGNED
	1 1/20 / 1	3.	-sg.	sh lu		ATTENDING PHYSICIAN	MEDICAL STAF		5.13	1-86
1		S NAME (TYPE OR	PRINT)				220 Freder		Rel.	213
		Fr. NK	J.	MAYO		6	three bur	1. 1	md. 201	77
23	BURIAL, CREMATI	ON, REMOVAL	236 DATE 5/15/96			Rant Ch Com	23d LOCATION	onia (COUNTIN	nia STATE

DHMH - 16 60M 7/84 (VRA 15, 4)

TO FUNERAL DIRECTOR: After this certificate has been signed by should be detached for use as the burial-transit permit. Then please with the State Dept. of Health and Mental Hygiene prior to burial, or

18 shov

IMPORTANT: If them 21 is marked or them

OR ATTENDING PHYSICIAN: The lo

TO HOSPITAL

BP.

retained by the hospital or attending physicion

W.B. Sollings

Wheeler & Thompson, Inc. Fredericksburg, Va. 22401

EREC'D. BY REGISTRAR 1756 REGISTRAR'S SIGNATURE

MAY 1 9 1986

		DIAI	E Ur	MAKIL	AND	
-	DEPARTMENT	OF	HEALT	H AND	MENTAL	HYGIENE
	CE	RTII	ICA"	TE OF	DEATH	

8	6	1	5	Ü	1	
	REG NO					

	1-	FOR STATE REGISTRAR		DEPART		IEALTH AND MENTAL HYG	SIENE 8 6	. !	5 0	1	0
		CEASED NAME FIRST	N	AIDDLE	l.	AST		MONTH DA	AY YEAR	26 HOUR	
	{ 1 YPE	Nancy	I	ee R	ogers	on	Ma	y 10	1986	10:0	00A
	3. SE 2	х	4 RACE	7-6	5. DATE C	OF BIRTH	6. AGE (IN YEARS LAST BIR	THDAY)	IF UNDER 1 YEAR	IF UNDER 2	
		Female	Whit	e	July	10 1949	36	VRS M	ONTHS: DAYS	HOURS	MIN.
A		RTHPLACE (STATE OR FOREIGN	76. CITIZEN OF V	WHAT COUNTRY?	8	D X NEVER MARRIED	9 BALTIMORE CITY	R COUNTY	OF DEATH		
2		Maryland	y U	SA	WIDOWE		Montgome	ry Cc	ounty		MD.
0		ethesda	N I H , T	OSPITAL, NURSII HEACHITY, GIVESTREET The Cli	NG HOME (ADDRESS) nical	Center Center	120 USUAL OCCUPAT (TYPE OF WORK FOR MOST O Teacher	ON DE WORKING LIFE	126. KIND OF INDUSTRY Balto	BUSINES	unty
2		ALRESIDENCE (IF NI) ME OR STATE OUN	OTHER INSTITUTION	GIVE RESIDENCE BEFOR 13c. CITY OR TOV Darlin		134 INSIDE CITY LIMITS?	13e.STREET ADDRESS	zip code ford	Rd.	21	.034
2	FA	ATHER'S NAME	MIDDLE	LAST		15. MOTHER'S MAIDEN NA	ME MIDDLE		LAST		
	1	Luther	C.	Lass	ahn	Elizabe	eth	2.00	Hoffme	ver	
2		VAS DECEASED EVER IN U.S. AR	MED FORCES?	166 SOCIAL SEC		17 INFORMANT	ADDRE				
-		No		216-56	-4605	Mr. Paul R	Rogerson,	same			
		18 CAUSE OF DEATH (Enter on PART I, DEATH WAS CAUSE	ly one couse per	line for 10), (b), or	nd ic.	TO THE		15-21	BETWEEN OF	NSET AND D	EATH
		IMMEDIAT	E CAUSE (0) A	CUTE PUL	MONARY	EMBOLUS			24 H	MIRS	144
	N	Conditions, if ony, which gove rise to immediate cause (a), stating the underlying cause lost	DUE TO, OF	R AS A CONSEOU ARCINOMA!	IOSIS.	PELVIC MASS. NOT RELATED TO THE TERM	LIVER META	STASES		AR	
-	CERTIFICATION	19a. DATE OF OPERATION	196 CONDI	TION FOR WHICH	OPERATIO	N WAS PERFORMED	20a AUTOPSY? YESKI NO	IN CERTIFY	WERE FINDING	GS USED OF DEATH	1?
		210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA	IH .	M. MONTH D	AY YEAR	216 HOW INJURY OCCUR	28				
	MEDICAL	21d INJURY OCCURRED WHILE NOT WHILE AT WORK		EET FACTORY, OFFICE,		216 LOCATION STREET	CITY OR TO	WN	COUNTY	STA	ATE
		270.1 certify that (I) (this hospi saw the deceased alive an above, (X) (we) (did) (XcX) 3			86 , 01	ember 2,49 85 and that in (Xy) (our) opinion of the control of th		FF			
		MICHAEL	1/0	Ren		220 ADDRESS Natio	nal Insti	tutes			
		BURIAL, CREMATION, REMOVAL (SPECIFY) Burial	23b. DATE 5-15-4	86		EMETERY OR CREMATORY AS of Faith	23d LOCATION		re, Mar		
	1 -	UNERAL DIRECTOR NAME VSSALW FUNCTO	Home	740 ADDRESS		AIR Rd. 250 DAT D. 21236 MAY	E REC'D. BY REGIȘTRAR		AR'S SIGNATU		

DHMH - 16 60M 7/84 (VRA 15, 4)

TO HOSPITAL

BP.



advience and appear of the

injury, ar ather traumatic event, #

MPORTANT: If them 21 is morked at them Ta shaws any

STATE OF MARYLAND FOR STATE REGISTRAR

Robert A. Pumphrey, Funeral Homes,

P.A., 300 W. Montgomery Avenue, Rockville, MD.

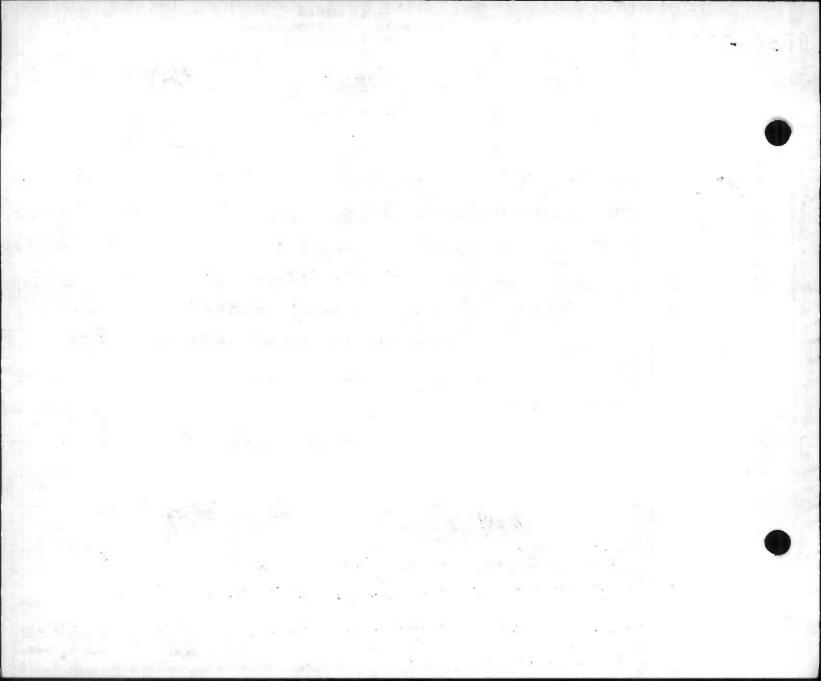
CERTIFICATE OF DEATH

5

	REGISTRAR						REG. N	Ο.		
	CEASED NAME	FIRST	/	MIDDLE	i anno	AST	20 DATE OF DEATH	MONTH DAY	YEAR	26 HOUR
(1.11)	J	ohn	15		Ro	948	1491	AX 9	1986	1 BM
3. SE	X	4.1	RACE		5. DATE O		6 AGE (IN YEARS LAST BIRT		UNDER 1 YEAR	HOURS MIN.
	Male	C	aucas	ian		uary 8.1918	68	YRS.	TINS DATS	THOURS MIN.
	RTHPLACE (STATE OR FO	PREIGN 76	CITIZEN OF	WHAT COUNTRY?	8 MADDIE	NEVER MARRIED	9 BALTIMORE CITY O	R COUNTY O	FDEATH	
	Cuba	1	United	States	WIDOWE		monta	amer	✓ Cou	inty. MD.
10 C	ITY OR TOWN OF DEA	тн 🕦		HOSPITAL, NURSIN		OR OTHER INSTITUTION	120. USUAL OCCUPAT	ION		OF BUSINESS OR
	ilver Spri			l Pre Roa			Customs Br	oker	Impor	t/Export
	AL RESIDENCE (IF NURS	ING HOME OR OTH		GIVE RESIDENCE BEFORE		1 13d. INSIDE CITY LIMITS?	13e STREET ADDRESS			
Ma	ryland	Montgo		Silver S			3974 Bel P	re Road	1, #6/	20906
14. FA	ATHER'S NAME	MIDI		LAST		15. MOTHER'S MAIDEN NA/	ME			
	Carlos	MiDi	DIE	Roque		Angela	WIDDLE	No	ot ava	ilable
	VAS DECEASED EVER			166 SOCIAL SECU	RITY NO.	17 INFORMANT	ADDR			
(ves, no or unknown) No	(IF YES, GIVE WA	AR OR DATES)	213-44-5	149	Mrs. Gladys R	oque, Same	as item	n #13	
	18 CAUSE OF DEAT	H (Enter only a	one cause per	line for (o), (b), on						MATE INTERVAL ONSET AND DEATH
	PART I. DEATH W	AS CAUSED B		Cardio	pul.	monary 1	4 RESST		7117	nuTe
			DUE TO O		/					
	Conditions, if ony,	which	(b)	ARTERIO	scle	KOTIC HEAR!	T Disea	SP	8.41	R.S
	gove rise to imm	nediate	, ,,,						1	
	underlying couse	0	DUE 10, OI	R AS A CONSEQUE	INCE OF					
	PART 2. OTHER SIGN	VIFICANT CO	NDITIONS CO	ONTRIBUTING TO D	DEATH BUT	NOT RELATED TO THE TERM	INAL DISEASE OR CON	DITION GIVEN	IN PART 10	0)
NO.	0 -	moni								
CERTIFICATION	190. DATE OF OPERA			ITION FOR WHICH	OPERATIO	N WAS PERFORMED	200 AUTOPSY?	20b. IF YES, V		
IFIC	The state of the s						YES TO NOTA	IN CERTIFYIN		OF DEATH?
ER	21g. ACCIDENT WAS UNE	ERLYING	21b. TIME O	F INJURY		21c. HOW INJURY OCCURR				110
	OR CONTRIBUTING			M. MONTH DA						
MEDICAL	(IF EITHER, NOTIFY MEDIC 21d. INJURY OCCURE		21e. PLACE	M. OF INJURY	19	21f. LOCATION				
ME	WHILE IT NOT W			REET, FACTORY, OFFICE, F	ARM, ETC.)	STREET	CITY OR TOV	VN	COUNTY	STATE
	220.1 certify that (I)		\		Fe	10.85	A Party	# 9 10	86	.1
	sow the decease above, (1) (we) (c				6 .01	nd that in (my) (our) opinion o	deoth occurred on the d	ond hour o	,	that (I) (we) last
-	22b, SIGNATURE /	lid) (did not) v	iew the body	ofter deoth.		DEGREE	,	***************************************	22c DATE	
	100	17	3 -		/	ATTENDING	_ MEDICAL STAI		-	3101420
	224 MYSICIAN'S NA	AME (tyre on m	Les		1	PHYSICIAN 1	DIRECTOR PHYSIC	IAN	10	
	4115	Mali	-	1111	1	LA DONESS	- 0 -	1-		
	1110	0/10	e UK		2/00	MI) // (1	Denigo	K	7	
23a. E	BURIAL, CREMATION,	REMOVAL	23b. DATE			EMETERY OR CREMATORY	23d. LOCATION CITY OR TOWN	.0	YTAUC	STATE
	Cremation	1	May 12	. 1986 Me	tropo	litan Cremato	ry Alexand	ria	17	iroinia

DHMH - 16 60M 7/73 (VR A 15 (4))

BP.



DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201

FOR

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

8	6 REG. NO.	-	5	0	1	6
	KLO. 140.					

Male White Jan. 20, 1911 75 Was Jab Birthplace (state or orderon Virginia USA Whate of hospital, nursing longed on the institution S.S. Whowed Divorced on Montgomery Incity or town of death S.S. Whose of hospital, nursing home or other institution S.S. Was the presson Incity or town of death Incity or town or or town or town or death Incity or town or town or town or town or death Incity or town or	0 0 1 12
Male White Jan. Date of birth Jan. 20,1941 75 Yrs. Jo. Birthplace (state or foreign virginia) Jo. Citizen of what country? Wind warried Wind warrie	20 1100K
10. BIRTHPLACE (STATE OR FOREIGN VITY OR COUNTRY) 10. BIRTHPLACE (STATE OR FOREIGN VITY OR COUNTRY) 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 120. USUAL OCCUPATION 120. U	FUNDER 1 YEAR IF UNDER 24 HRS
S.S. (IF NOT INSULCHEACLITY GIVE STREET ADDRESS) I 4000 Castle Blvd. USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) I 30. STATE MO. 131. COUNTY MO. 132. CITY OR TOWN S.S. 133. INSIDE CITY LIMITS? 134. INSIDE CITY LIMITS? 134. STREET ADDRESS 14000 Castle B 15. MOTHER'S MAIDEN NAME Walter No 166. WAS DECEASED EVER IN U.S. ARMED FORCES? (YES, MO OB UNKNOWN) NO 167. SO OR UNKNOWN) NO 18 CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) Conditions, if ony, which gove rise to immediate couse (o), stating the underlying couse lost PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN	DF DEATH MD.
MONT. 136. CUTY OR TOWN S. S. 136. INSIDE CITY LIMITS? 136. INSIDE CITY LIMITS? 137. STREET ADDRESS 14000 Castle B 15. MOTHER'S MADE NO 15. MOTHER'S MADE NO 166. WAS DECEASED EVER IN U.S. ARMED FORCES? (YES, NO OR UNKNOWN) (IF YES, GIVE WAR OR DATES) NO 18 CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c)) PART 1. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) Conditions, if ony, which gove rise to immediate couse (o), stating the underlying couse lost. PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN	17b. KIND OF BUSINESS OR INDUSTRY TECh.
Walter MIDDLE Rollins Annie New Mas deceased ever in u.s. Armed forces? (YES, NO OR UNKNOWN) None 166. WAS DECEASED EVER IN U.S. ARMED FORCES? (YES, NO OR UNKNOWN) None 175 MFPRMANT STITU Beaverbrook Rd. Column FOR ARCHARD FORCES? (YES, NO OR UNKNOWN) None 18 CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF COUNTY OF CONSEQUENCE OF Underlying couse (a). stating the underlying couse lost. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN	Blvd. 0904
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18 CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO, OR AS & CONSEQUENCE OF Conditions, if ony, which gove rise to immediate couse (a), stating the underlying couse lost PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN	
196 DATE OF OPERATION 196. CONDITION FOR WHICH OPERATION WAS PERFORMED 206 AUTOPSY? 206. IF YES, VIN CERTIFYII YES NO YES NO YES NO YES	N IN PART 1(o)
ALL ACCIDENT WAS INDERLYING TO THAT OF INTERLY	WERE FINDINGS USED ING CAUSES OF DEATH?
218. ACCIDENT WAS UNDERLYING AUSE OF INJURY OR CONTRIBUTING CAUSE OF DEATH OR CONTRIBUTING CAUSE OF DEATH OR A.M. MONTH DAY YEAR (IF EITHER NOTIFY MEDICAL EXAMINER) 216. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) 217. COLORED (ENTER NATURE OF INJURY OCCURRED) 218. TIME OF INJURY OR CONTRIBUTING CAUSE OF INJURY (IF EITHER NOTIFY MEDICAL EXAMINER) 219. ACCIDENT WAS UNDERLYING (ENTER NATURE OF INJURY IN ITEM 18 PART OR CONTRIBUTING CAUSE OF INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART OR CONTRIBUTING CAUSE OF INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART OR CONTRIBUTING CAUSE OF INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART OR CONTRIBUTING CAUSE OF INJURY IN ITEM 18 PART OR CONTRIBUTING CA	IT I OR PARI 2)
228-1 certify that (I) (this hospital) attended the deceased from ### 19	COUNTY STATE 9 , that (I) (we) lost
sow the decessed alive on	22c. DATE SIGNED 5/14/86
Richard P. Delaney, M.D. 173. NAME OF CEMETERY OR CREMATION REMOVAL 1736 DATE 173. NAME OF CEMETERY OR CREMATION 234 LOCATION	ring, Md. 2090

BP

TO FLINE BAL DIRECTOR: After this certificate has been having the detached for use as the buriol-tronsit permit.

TO HOSPITAL OR ATTENDING PHYSICIAN: The led by the hospital or attending physicia or Item-18 shows any

IMPORTANT: If Item 23 is morked

DHMH-16 30M 2/80 (VRA 15, 4)

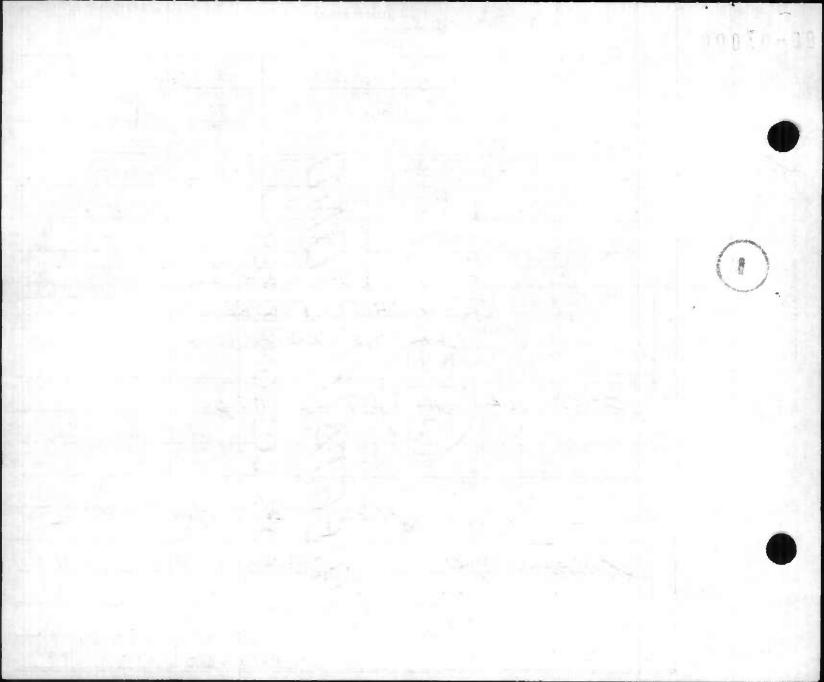
Burial 5/17/86 24 FUNERAL DIRECTOR

Himes/Rinaldi 11800 New Hamp. Ave. S.S.

etery Rockville Mont. Md

25a. Date Rec'd. By registrar 25b. Registrar's signature Parklawn Cemetery

Juna Haurdson-Handales



DEPARTMENT OF HEALTH AND MENTAL HYGIENE

8	6	5	0	4
	REG. NO.			- 1

1.	FOR STATE REGISTRAR				CERTI			`		
	CEASED NAME	MAN	,	MIDDLE	Ro	SENBLATT	-	MONTH 986	DAY YEAR	2b. HOUR 4:55p
3 SE	X	4 RA	ACE			OF BIRTH	6 AGE (IN YEARS LAST BIR		IF UNDER 1 YEAR	IF UNDER 24 HRS
	Female	Ca	aucasi	Lan	MONI	T 25. 1901	84	YRS	MONTHS DATS	HOURS MIN.
BI	RTHPLACE (STATE OR F			WHAT COUNTRY?	8.		9 BALTIMORE CITY O		Y OF DEATH	
	COUNTRY)	579	TTCA		WIDOW	ED NEVER MARRIED DIVORCED	Wan haramana			
	ew Jersey Ity or town of dea	TH 11.	USA .	HOSPITAL, NURSIN		OR OTHER INSTITUTION	Montgomery			OF BUSINESS O
				CH FACILITY, GIVE STREET			(TYPE OF WORK FOR MOST O	F WORKING LI		
	OCKVILLE AL RESIDENCE (IF NURS			GIVE RESIDENCE BEFOR		Center	Secretary		Dept.	of Nav
a. S	STATE	13b. COUNTY		13c. CITY OR TOV	VN	134 INSIDE CITY LIMITS?	13e.STREET ADDRESS /	ZIP COD	Edu	100
	aryland	Mont.		Rockvill	e	YES NO X	299 Hurl	ey Av	enue	
FA	ATHER'S NAME FIRST	MIDDL	.E	LAST		15 MOTHER'S MAIDEN NA.	ME		LAS	ST
	Max			Rabin		Mollie			Pomer	antz
	VAS DECEASED EVER	IN U.S. ARMED		16b. SOCIAL SECI	URITY NO.	17 INFORMANT	ADDRE			
No		(11 120 0112 1111	· On DAILS,	158 09	2795	David Rabin (brother) 17	4-19n	g Islan 73rd Av	d, NYll
	Canditians, if any, gave rise ta imn cause al, statin underlying cause	which nediate g the	DUE TO, O	PAS A CONSEOU	rock	weimens Med Hea	ry Dues	ol	54	r.
CALIGN	gave rise ta imn cause a), statin underlying cause	which which nedicte g the last.	DUE TO, O (b) DUE TO, O (c) DITIONS CO	R AS A CONSEOU	DEATH BU	TNOT RELATED TO THE TERM		DITION GIV	VEN IN PART 1:	NGS USED
ALIENSA INTE	gave rise to imm cause ol, statin underlying cause PART 2 OTHER SIGN	which nediate g the last.	DUE TO, O (b) DUE TO, O (c) DITIONS CC	R AS A CONSEQUED ON TRIBUTING TO	DEATH BU	DN WAS PERFORMED	200 AUTOPSY? YES NO	20b IF YE IN CERTI	S, WERE FINDI FYING CAUSES ES [NGS USED
	gave rise to imm cause or statin underlying cause PART 2 OTHER SIGN 19a DATE OF OPERAT 21a, ACCIDENT WAS UND OR CONTRIBUTING	which nediate g the last. NIFICANT CONI	DUE TO, O (b) DUE TO, O (c) DITIONS CO 19b COND	R AS A CONSEQUENT OF INJURY MONTH DE	DEATH BU	ON WAS PERFORMED	200 AUTOPSY? YES NO	20b IF YE IN CERTI	S, WERE FINDI FYING CAUSES ES [NGS USED S OF DEATH?
	gave rise to imm cause a), statin underlying cause PART 2 OTHER SIGN 19a DATE OF OPERAT 21a. ACCIDENT WAS UND OR CONTRIBUTING CIFETHER, NOTIFY MEDIA 21d. INJURY OCCURF	which nediate g the last. WIFICANT CONI	DUE TO, O (c) DITIONS CO 19b COND 21b TIME O HOUR A. 21e PLACE	R AS A CONSEQUENT OF INJURY M. MONTH D.M.	DEATH BU H OPERATION AY YEAR 19	ON WAS PERFORMED	200 AUTOPSY? YES NO	20b IF YE IN CERTI YI	S, WERE FINDI FYING CAUSES ES [NGS USED S OF DEATH?
	gave rise to imm cause a), statin underlying cause PART 2 OTHER SIGN 19a DATE OF OPERAT 21a, ACCIDENT WAS UND OR CONTRIBUTING CIFEITHER, NOTIFY MEDIC (IF EITHER, NOTIFY MEDIC	which nediate g the last. NIFICANT CONI FION DERLYING	DUE TO, O (c) DUE TO, O (c) 19b COND 21b. TIME O HOUR A. P. 21e PLACE (AT HOME, STE	R AS A CONSEQUENT ON TRIBUTING TO THE INJURY M. MONTH D. M. OF INJURY	DEATH BU H OPERATION 19 FARM, ETC.)	216 HOW INJURY OCCUR 211 LOCATION STREET 19 and that in my our) apinian DEGREE ALLA ATTENDING	200 AUTOPSY? YES NO RED (ENTER NATURE OF INJUI	20b IF YE IN CERTI PRY IN ITEM 18	S, WERE FINDI FYING CAUSES ES PART (OR PART 2)	NGS USED OF DEATH? NO STATE
700	gove rise to imm cause ol, statin underlying cause PART 2 OTHER SIGN 19a DATE OF OPERAT 21a. ACCIDENT WAS UND OR CONTRIBUTING (IF EITHER, NOTIFY MEDIX 21d. INJURY OCCURE) 22a. I certify that (I) sow the decease obove, (I) (we) (i) (we) (i)	which nediate g the last. NIFICANT CONI FION DERLYING	DUE TO, O (c) DUE TO, O (c) DITIONS CO 21b. TIME O HOUR A P. 21e. PLACE (AT HOME, STE	R AS A CONSEQUENT OF INJURY M. MONTH D M. MOTH	DEATH BU H OPERATIO	216 HOW INJURY OCCUR 211 LOCATION STREET 19 and that in my our) apinian DEGREE ALLA ATTENDING	200 AUTOPSY? YES NO RED (ENTER NATURE OF INJUIT WEDICAL STAIN MEDICAL STAIN M	20b IF YE IN CERTI PRY IN ITEM 18	S, WERE FINDI FYING CAUSES ES PART 1 OR PART 2)	NGS USED OF DEATH? NO STATE
	gave rise to imm cause of cause of statin underlying cause PART 2 OTHER SIGN 21a, ACCIDENT WAS UNE OR CONTRIBUTING (IF EITHER, NOTHER ALWO) 22a, I certify that (I) sow the decease obove, (I) (we) (c) (22b, SIGNATURE)	which nediate 9 the last. WIFICANT CONI FION DERLYING AUSE OF DEATH CALEXAMINER) RED WIFICANT CONI WIFICA	DUE TO, O (c) DUE TO, O (c) DITIONS CO 21b. TIME O HOUR A P. 21e. PLACE (AT HOME, STE	R AS A CONSEQUE ONTRIBUTING TO ITION FOR WHICH OF INJURY M. MONTH D M. OF INJURY REET, FACTORY, OFFICE. Receased from OTHER BESTS OTHER BEST	DEATH BU H OPERATION NAY YEAR 19 FARM, ETC.)	211 LOCATION STREET DE GREE ATTENDING PHYSICIAN	200 AUTOPSY? YES NO RED (ENTER NATURE OF INJUIT death accorded on the do MEDICAL STAT BHRECTOR PHYSIC	20b IF YE IN CERTII YI YE WHO THE A 18	S, WERE FINDI FYING CAUSES ES PART 1 OR PART 2)	NGS USED OF DEATH? NO STATE

DHMH - 16 60M 7/B4 (VRA 15, 4)

Ives-Pearson F.H. Falls Church, VA 22046



0 - 0-7 3 6-2

led in by the funeral director.

7	STATE OF MARYLAND
FOR	DEPARTMENT OF HEALTH AND MEN

1 STATE REGISTRAR		CERTIFICATE OF DEATH	REG. NO.	1501
I. DECEASED NAME FIRST	MIDDLE S.	RUAN	20. DATE OF DEATH MONTH	3,1986 921
female	4. RACE caucasian	DATE OF BIRTH MONTH OAY YEAR	6 AGE (IN YEARS LAST BIRTHDAY)	MONTHS DAYS HOURS A
70. BIRTHPLACE (STATE OR FOREIGN COUNTRY) MISSISSIPPI	76 CITIZEN OF WHAT COUNTRY? United States	Sept 26,1900 8. MARRIED NEVER MARRIED WIDOWED DIVORCED	9 BALTIMORE CITY OR COUN	TY OF DEATH County
10 CITY OR TOWN OF DEATH		IG HOME OR OTHER INSTITUTION	126 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING Homemaker	126 KIND OF BUSINESS INDUSTRY Own home
13a STATE 13b CO	OR OTHER INSTITUTION GIVE RESIDENCE BEFORE UNITY 13c CITY OR TOWN tgomery Bethesd	N 13d. INSIDE CITY LIMITS	13e.STREET ADDRESS / ZIP CO 5607 McLean	DE
14 FATHER'S NAME FIRST John	J. Sweeney	IS MOTHER'S MAIDEN FIRST Marga	nret	Reagan
160 WAS DECEASED EVER IN U.S. (YES, NO OR UNKNOWN) (IF YES,	ARMED FORCES? 166 SOCIAL SECU GIVE WAR OR OATES)	RITY NO. 17 INFORMANT	Rockvi	lle, Md. 20 Oskaloosa C
	DUE TO, OR AS A CONSEQUE (b) DUE TO, OR AS A CONSEQUE (c) T CONDITIONS CONTRIBUTING TO D	ess ucer	A Withs Pris	2 week
19a DATE OF OPERATION 19a DATE OF OPERATION 21a. ACCIDENT WAS UNDERLYING	VILLAM O	OPERATION WAS PERFORMED		YES, WERE FINDINGS USED TIFYING CAUSES OF DEATH? YES NO
On COMPANION OF CAMERON	DEATH HOUR A.M. MONTH DA	YEAR 19	CURRED (ENTER NATURE OF INJURY IN ITEM I	8 PART OR PART?)
(IF EITHER NOTIFY MEDICAL EXAMI	21e PLACE OF INJURY (AT HOME STREET, FACTORY OFFICE, F.		CITY OR TOWN	COUNTY STATE
22a. I certify that (I) (the harmonic sow the deceased alive above, (I) (we) (did) (did)	on 19 19 19 19 19 19 19 19 19 19 19 19 19		ion death occurred on the date and h	our and from the couses stated
226 SIGNATURAN	nuoder		G MEDICAL STAFF DIRECTOR PHYSICIAN	221. DATE SIGNED
22d. PHYSICIAN'S NAME (TYP	WATLER	The ADDRESS 2/8	WISCONSIN A	V. B. M. M.
230. BURIAL, CREMATION, REMOV	May 21. Ga	te of Heaven	Silver Spri	county stat
PA. 7557 Wisc	t A. Pumphrey onsin Av., Bet	Funeral Homes, hesda. Md.	MAY 22 1986	DEDI SOLUTION OF THE PARTY OF T

DHMH - 16 60M 7/B4 (VRA 15, 4)

BP.

TO FUNERAL DIRECTOR. After this certificate has been signed by the of should be detached for use as the buriol-transit permit. Then please removerith the State Dept. of Health and Mental Hygiene prior to buriol, cremating

TO HOSPITAL OR ATTENDING PHYSICIAN: The low retoined by the hospitol or ottending physicion.



00-05916	1	FOR - STATE	STATE OF MARYLAND 1987832 04/30/36 DEPARTMENT OF HEALTH AND MENTAL HYGIENE 008AL6 F	5 701 5
of the state of th		REGISTRAR CEASED NAME FIRST E OR PRINT]	MIDDLE SULST SOLES (4) PATE OF DEATH MONTH SO.	34-86 10:25 A
oge 4 mor	3. SE	Male	White 03 - 28 - 22 64 yrs	FUNDER I YEAR IF UNDER 24 MES
to death. P	1	IRTHPLACE (STATE OR FOREIGN COUNTRY)	76 CITIZEN OF WHAT COUNTRY? ARRIED NEVER MARRIED WIDOWED DIVORCED 11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 120 USUAL OCCUPATION	MO. MD.
21201 hours offe d in by the libe filed w	10st	Sethesda AL RESIDENCE (IF NURSING HOME OR STATE 130 COUN	OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION) OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION) 13d. INSIDE CITY LIMITS? 13e. STREET ADDRESS / ZIP CODE	INDUSTRY
within 24 within 24 od 2 s poulo		ATHER'S NAME	The state of the s	CK Ave 20877
MORE, M. ond comp		WAS DECEASED EVER IN U.S. ARAYES, NO OR UNKNOWN) (IF YES, GIVE	MED FORCES? 16b SOCIAL SECURITY NO. 17 INFORMANT 43DRESS N. E WAR OR DATES! 219-14-553 Doe's Salosky Gathersh	Fraderick, Ade
ST., BALTI rithcate be a physician annapers. emoval.		PART I. DEATH WAS CAUSED	ly one cause per line for (a), (b), and (c)	BETWEEN ONSET AND DEATH 3 M OR THY
PRESTON ne death ce e attending mation, or r r traumatic		Conditions, if any, which gove rise to immediate	Die to, or as a consequence of he ph to pathy and hyphros dayorsis	6 years
res that the thought please reported, creeky, an other		cause (a), stating the underlying cause last. PART 2 OTHER SIGNIFICANT C	DUE TO, OR AS A CONSEQUENCE OF (c) (c) ONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION, GIVE	May year
RECORDS	CERTIFICATION	Hypoterson ch	IN CERTIFY	WERE FINDINGS USED ING CAUSES OF DEATH?
OF VITAI CLAN: Th physicio ritificate b ol-tronsit tital Hygie		210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA!	TH HOUR A.M. MONTH DAY YEAR	
DIVISION NDING PHYSI or attending use as the buri lealth and Mee s marked or Its	MEDICAL	21d INJURY OCCURRED WHILE NOT WHILE AT WORK	21e PLACE OF INJURY (AT MOME STREET FACTORY OFFICE FARM, ETC.) 211 LOCATION STREET CITY OR TOWN	COUNTA 2191E
R ATTE hospito ned for spt. of H		saw the deceased alive on abave, (1) (was refine) (did not	May 1 19 % and that in (my) (are appropriate death accurred on the date and hour	9, that (1) (well lost ond from the causes stated 22c. DATE SIGNED
TAL by the by th	-	THE PHYSICIAN'S NAME (19)	ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN	My 2, 1986
	230	BURIAL, CREMATION, REMOVAL	23b. DATE 23c. NAME OF CEMETERY OF CEMETATORY 23d LOCATION CITY OF TOWN	phily STATE A
DHMH - 16 60M 7/84 (VRA 15, 4)	24 F	UNPRAL DIRECTOR	3/3/00 th) WS COMELAN West = RANGOR F 250 DATE REC'D. BY REGISTRANGSO. REGISTR ADDRESS ADDRESS ADDRE	AR'S SIGNATURE
(3.00 / 3/	-	War les	MAY 7 1986 MENOW	interior Production

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5775	1.	FOR STATE JOH	N		AENT OF H	E OF MARYLAND EALTH AND MENTAL HYG ICATE OF DEATH	IENE 8 6		5	
10		REGISTRAR EASED NAME FIRST OR PRINT) 1/1		JOSEPH	ı	SANSONE SANSONE	REG. N	MONTH IDA	Y YEAR	26. HOUR
page 3		ORPRINT) JOHI		J SF	1	ONE	MAY 3.	198	6	3.20
rector, pa irs after d once.	3 SEX	MALE	4 RACE WHIT	E	AUGT	JST 30,1909	6. AGE (IN YEARS LAST BIR		UNDER 1 YEAR	HOURS MR
funeral dir iin 72 hou iin 72 hou		PENN .	76 CITIZEN OF	F WHAT COUNTRY?	MARRIE WIDOWE	D NEVER MARRIED DIVORCED	MONTGOM		OF DEATH	
by the	10 C1	OLNEY	11. NAME OF (IF NOT IN SI MONTG	FHOSPITAL, NURSIN UCHFACILITY, GIVE STREET, OMERY GENT	G HOME C ADDRESS) ERAL I	OR OTHER INSTITUTION HOSPITAL	12a USUAL OCCUPAT (TYPE OF WORK FOR MOST C PAYMASTER		126 KIND C INDUSTRY GLASS	S MANU
filled in	13a S	ARYLAND MO	E OR OTHER INSTITUTION OF THE STATE OF THE S	OLNEY		134 INSIDE CITY LIMITS?		RNELL D	RIVE	20832
completely 1 and 2 shop nedical exam		ther's name NTHONY	MIDDLE	SANSÖNE		JULIE	WIDDLE		NARA '^	51
ysician and copers. Pages 1 goval.		/AS DECEASED EVER IN U.S. ES, NO OR UNKNOWN) (IF YES,	ARMED FORCES? GIVE WAR OR DATES)	206-09-0		HELENA SANS	SONE SAM	E AS #		MATE INTERVAL ONSET AND DEAT
signed by the att n please remove burial, crematic injury, or other		Conditions, if ony, which gove rise to immediate cause (a), stating the underlying cause last. PART 2 OTHER SIGNIFICAN	DUE TO, (OR AS A CONSEQUE		NOT RELATED TO THE TERM	INAL DISEASE OR CON	IDITION GIVE	N IN PART 10	a)
been s t. Ther rior to s any	CERTIFICATION	190 DATE OF OPERATION				N WAS PERFORMED	200 AUTOPSY?	20b. IF YES,	WERE FINDI	
fica to the fire		216. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF	DEATH HOUR	OF INJURY A.M. MONTH DJ P.M.	YEAR	21¢ HOW INJURY OCCUR	RED (ENTER NATURE OF INJU	IRY IN ITEM 18, PAR	T I OR PART 2]	
fter the but and N	MEDICAL	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK		E OF INJURY STREET, FACTORY, OFFICE, F	ARM, ETC.]	211 LOCATION STREET	CITY OR TO	wn	COUNTY	STATE
DIRECTOR: DIRECTOR: ned for use a lept. of Heal f Item 21 is		22a I certify that (I) (this has sow the deceased alive above, (I) (we) (did) (did) 22b SIGNATURE	on_ 5/	2 198		nd that in (my) (our) opinion DEGREE ATTENDING				
TO FUNERAL (should be detach with the State O iMPORTANT: I		22d PHYSIC AND NAME (TY	PE OR PRINT) FIS RI	EDMA	-	PHYSICIAN ZE 220 ADDRESS 13-15 G	MEDICAL STA	CIAN D	K DK	Gara
P Dys N		URIAL, CREMATION, REMOVED (BURIA				EMETERY OR CREMATORY HEIGHTS	UNIONTOW	N FAYI	ETTE	PENN.

DHMH-16 25M (VRA 15, 4) 1/79 24 FUNERAL DIRECTOR
FRANCIS H. BARBER

LAYTONSVILLE, MD. 20879

250. DATE REC'D. BY REGISTRAR 250. REGISTRAR'S SIGNATURES

- STATE

DHMH - 16 60M 7/84 (VRA 15, 4)

6 AGE (IN YEARS LAST BIRTHDAY) 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED X NEVER MARRIED NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 120 USUAL OCCUPATO 126. KIND OF BUSINESS OR (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY HOUSE WIFE 13d. INSIDE CITY LIMITS? 13e STREET ADDRESS / ZIP CODE 20910 1400 FENWICK LANE 17. INFORMADAUGHTER POTOMACESS MD. EUGENIA S. CONTRERAS 11705 SMOKETREE ROAD ARDIORESPIRATORY ARREST DUE TO, OR AS A CONSEQUENCE OF NORTH NEPHINANC - 8 MONTHY AGO PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 11 or 19h CONDITION FOR WHICH OPERATION WAS PERFORMED 200 AUTOPSY? 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NO 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART I OR PART ?) 211 LOCATION COUNTY CITY OR TOWN and that in (my) (our) opinion death accurred an the date and hour and from the causes stated ATTENDING STAFF PHYSICIAN PHYSICIAN 724 PHYSICIAN'S NAME 23s BURIAL, CREMATION, REMOVAL SILVER SPRING MONTGOMERY MD. IGATE OF HEAVEN CEMETERLY BURTAL 24 FUNERAL DIRECTOR BY REGISTRAR 256. REGISTRAR'S SIGNATURE FRANCIS J. COLLINS JR.

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

20 DATE OF DEATH

2h HOUR 1308

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DEPARTMENT OF HEALTH AND MENTAL HYGIENE
CERTIFICATE OF DEATH

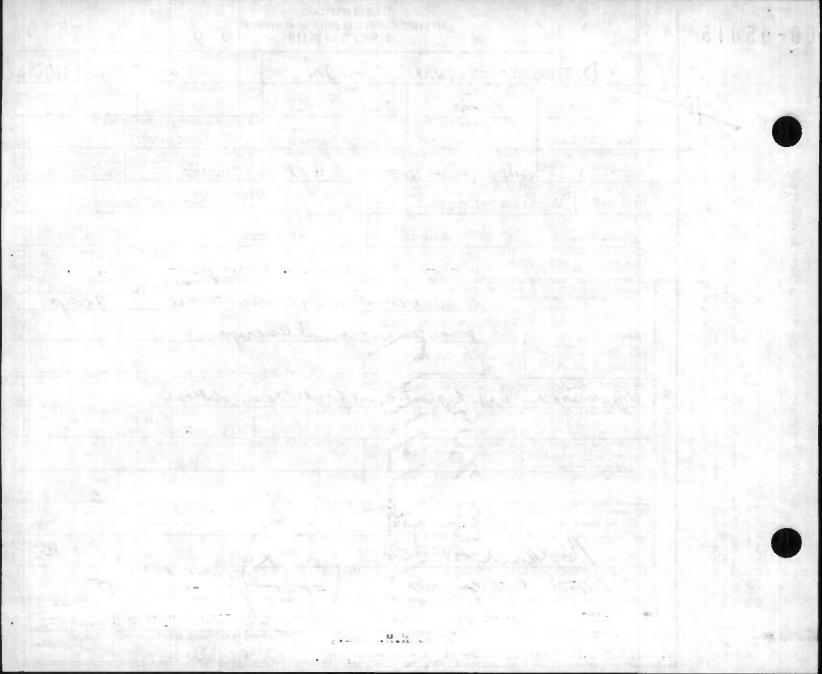
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BIRTHPLACE (STATE OF FOREIGN	76 CITIZEN OF WHAT COUNTRY? 8.	ED NEVER MARRIED	9. BALTIMORE CITY OR COUNTY	OF DEATH					
South Carolina	USA		Montgomery	MD.					
Rockville	11. NAME OF HOSPITAL, NURSING HOME (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) SHADY GROW ADVENT	1/ -0	120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFE) Teacher	126. KIND OF BUSINESS OR INDUSTRY DC Public Schools					
130. STATE 113b COU	ROTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION	13d. INSIDE CITY LIMITS? YES \ NO \	136 STREET ADDRESS 17624 Horizon P1	10855 ace					
A FATHER'S NAME		15. MOTHER'S MAIDEN NA							
Randolph	Goodwin	Marga	ret	Dowdy					
WAS DECEASED EVER IN U.S. AL	RMED FORCES? 166 SOCIAL SECURITY NO.	17. INFORMANT	ADDRE192328	Rivers Edge Dr.					
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DHMH - 16 50M 4/B2 (VRA 15, 4)

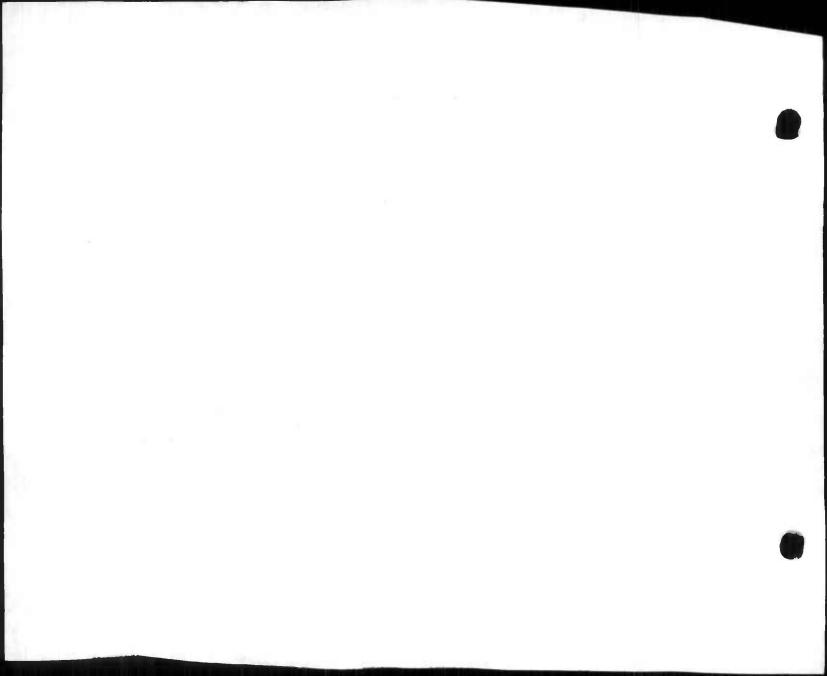
Hines Rinaldi Funeral Home Silver Spring, Md.

MAY

MAY 6 1986 Julia Builden Rouse



CERTIFICATE # 86-15019



DHMH - 16 50M 4/82 (VRA 15, 4)

(SPECIFY)

Burial

DECLETO A DO SH DECHETRAD'S SIGNATURE

Drexel

STATE

Pennsylvania

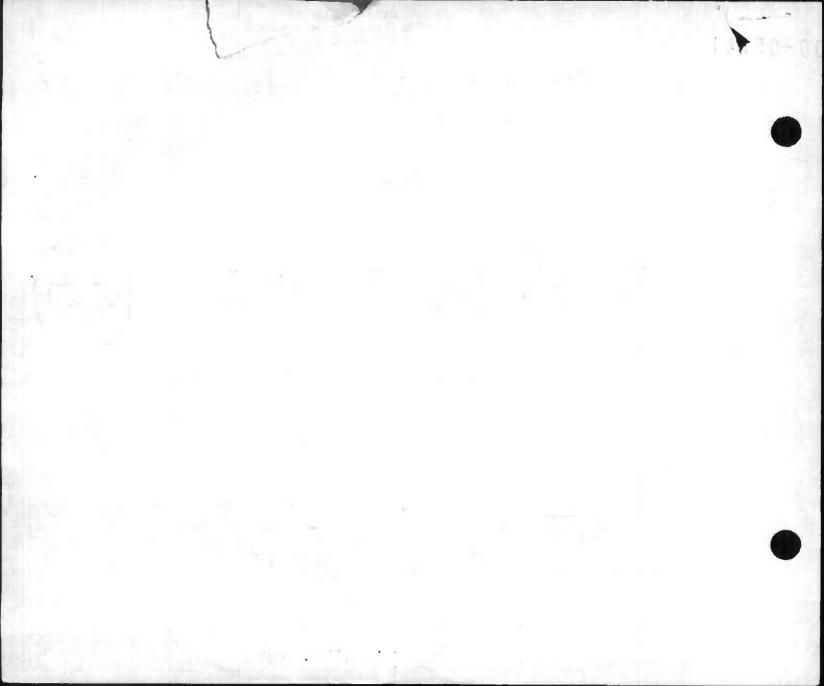
Suitland Maryland

24. FUNERAL DIRECTOROBERT E Wilhelm Funeral Home

3June1986 Arlington Cemetery

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		18 CAUSE OF DEATH (Enter only PART I. DEATH WAS CAUSED IMMEDIATE	BY: / / // // //	ESTA	we He In	euntrea	orî Cha	PROXIMATE INTERVAL MEEN ONSE AND DEATH
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he law has been the permit iene prior	CERTIFICATION	190 DATE OF OPERATION	196. CONDITION FOR W	HICH OPERATIO	ON WAS PERFORMED	20a AUTOPSY?	20b IF YES, WERE FI IN CERTIFYING CAU YES	INDINGS USED USES OF DEATH? NO
DIVISION OF VITAL RECORDS, NG PHYSICIAN: The low requir oftending physician. firer this certificate has been sig as the burial-transit permit. Then th and Mental Hygiene prior to b arked ar them 18 shown any injury		210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER)	21b. TIME OF INJURY HOUR A.M. MONTH P.M.	DAY YEAR	21c. HOW INJURY OCCURE	ED (ENTER NATURE OF INJUI	RY IN ITEM 18 PART I OR PAR	IT-2)
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the Did He		THE SIGNATURE	a Cooley,	MIS	DEGREE ATTENDING PHYSICIAN	MEDICAL STAP	and and	14 4 1964
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BP		Burial	236. DATE 5-7-1986		emetery or crematory od Cemetery	Vashingto		STATE
DHMH - 16 60M 7/84 (VRA 15, 4)	24 FU	NERAL DIRECTOR Lnes/Rinaldi Fun	eral Home Si	800 N.H. Lver Spr	Ave., Md. 25a DAT	REC'D. BY REGISTRAR	25b. REGISTRAR'S SIG	GNATURE

STATE OF



FOR

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

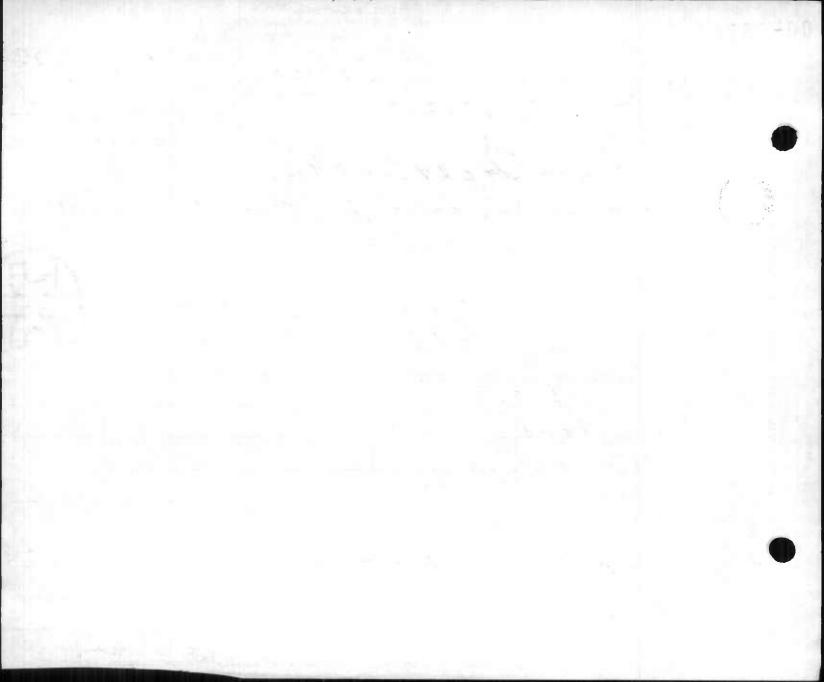
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		REGISTRAR				CERTIF	ICATE OF	DEATH	Ö RE	G. NO.	1 3	U	la la
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	mo	male		white		3 DATE C	20	25	61	YRS		3 HOOKS	min.
1		RTHPLACE (STATE OR FO	REIGN 71	CITIZEN OF	WHAT COUNT	TRY? 8.	K NEVER	MARRIED -	9 BALTIMORE CI	TY OR COUN	TY OF DEATH		
	TRE	linois		USA		WIDOWE	D D	NORCED [Montgom	ery			MD.
1	10 CT	ITY OR TOWN OF DEAT	H		HOSPITAL, NU	TREET ADDRESS)	R OTHER INS	TITUTION	12a USUAL OCCU			OF BUSI	NESS OR
		akoma Park		Washing		ventist	Hospi	tal	writer				
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7		EUGENE			SCHM			RTRUDE			MEMHA	RDT	
9		VAS DECEASED EVER II YES, NO OR UNKNOWN)		ED FORCES? WAR OR DATES)		SECURITY NO.	17. INFORM	ANT	A	DDRESS			
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	Z	PART 2 OTHER SIGN	FICANT CO	ONDITIONS <u>CC</u>	ONTRIBUTING	TO DEATH BUT	NOT RELATE	D TO THE TERMI	NAL DISEASE OR	TONDITION G	SIVEN IN PART	lia	
7	CERTIFICATION	9g DATE OF OPERATION		196 CONDITION FOR WHICH OPERATIO			ON WAS PERFORMED 20g AUTOR			TOPSY? 206. IF YES, WERE FINDINGS USED			SED
4	SFIC										TIFYING CAUS	ES OF DE	
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	00.00	OR CONTRIBUTING C				DAY YEAR	100						
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		sow the deceased abave, (I) (we) (di	d olive on	May	4	7/-	nd that in (my) (our) opinion d	eoth occurred an t	he date and h	naur and fram t	he couses	stated
		226 SIGNATURE	a) (ala nai)	view the bydy	arrer death.		DEGREE	3			22¢ DA	TE SIGNE	:D
		Musun	10.1	WIST	2/11			ATTENDING PHYSICIAN	MEDICAL DIRECTOR PH	STAFF HYSICIAN	6	-1-3	6
1		224 PHYSICIAN'S NA	ME (TYPE OR	PRINT	1	- 6	22e ADDRE		Ossi	6.0	0-100	Lim	N 700:
		Dr. V	leltz		7,123	s pu	moule	1 ande	1 Unil	100	unulls	111	10201
		BURIAL, CREMATION, R		23b DATE		23c NAME OF C	EMETERY OR	CREMATORY	23d LOCATION				
		CREMATION		TUNE 2	1986	METROPO	ITTAN	CREMATOR	AL EXAN		COUNTY	TRGTI	NTA
		INTERNAL DIRECTOR	PANCT	S J. Co				25a DATE	REC'D. BY REGIS				
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DHMH - 16 60M 7/84 (VRA 15, 4)

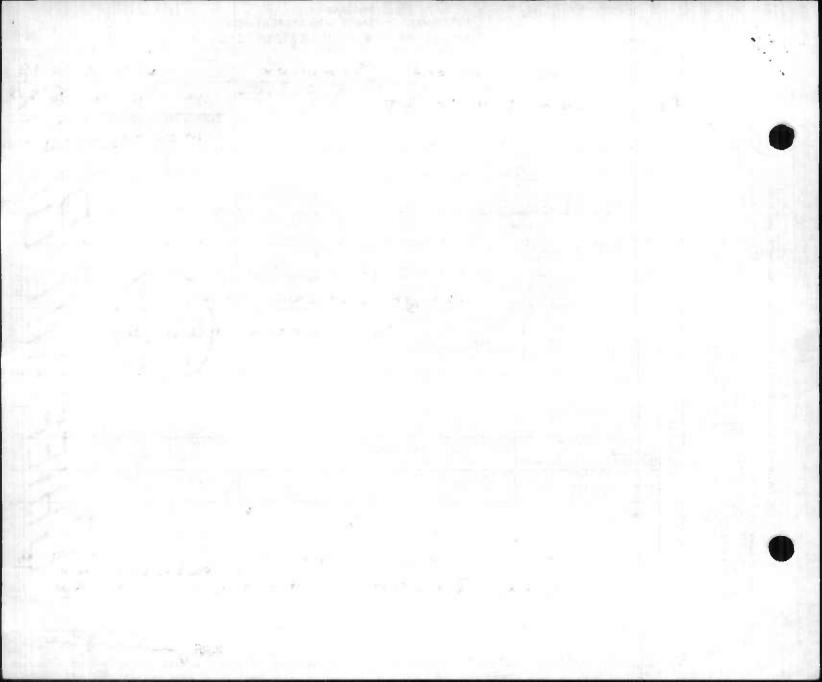
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DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE REGISTRAR DECEASED NAME 20 DATE KNOWN (TYPE OR PRINT) Sch WENK arlene DEATH MATED 4 RACE SEX DATE OF BIRTH AGE (IN YEARS | IF UNDER 1 YR. IF UNDER 24 HRS DATE LAST BIRTHDAY) RONOUNCED 5 Tyrs DEAD 19 BIRTHPLACE (STATE OR 9 BALTIMORE CITY OR COUNTY OF DEATH MARRIED X NEVER MARRIED FOREIGN COUNTRY) Mo Pennsylvania United States DIVORCED 30 m 01 IB. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 12b KIND OF BUSINESS OR INDUSTRY Bethesda Brigadoon Homemaker Own Home S 1, 2, AND TO PM 3. RETAIN ND 2 SHOULD BE VHAL REGOIDS USUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) Montgomery 30. STATE 13e STREET ADDRESS 13d. INSIDE CITY LIMITS? Maryland Bethesda 6709 Brigadoon Drive/20817 NO X 14 FATHER'S NAME 15. MOTHER'S MAIDEN NAME N 18. GIVE PAGES 1, 2 G WITH FORM PM 3 MIT. PAGES 1 AND 2 ME, DIVISION OF VINA MIDDLE FIRST David Jones Mary Μ. Kreisher 16a. WAS DECEASED EVER IN U.S. ARMED FORCES? 7 INFORMANT 166. SOCIAL SECURITY NO ADDRESS No 65-24-4917 Francis C. Schwenk, same as 18. CAUSE OF DEATH (Enter only one cause per line far (o), (b), and (c),) EXECUTE THE CERTIFICATE, WRITING THE WORD "PENDING" IN PENCIL IN ITEM 18. PAGE 4 SHOULD BE FORWARDED TO THE CHIEF MEDICAL EXAMINER ALLONG W TO FUNERAL DIRECTOR: PAGE 3 SHOULD BE USED AS A BURIAL - TRANSIT PERMIT. AFTER DEATH, WITH THE STATE DEPARTMENT OF HEALTH AND MENTAL HYGIENE, D BALTIMORE, MARYLAND, 21201 PRIQR TO BURIAL, CREMATION, OR REMOVAL. BETWEEN ONSET AND DEATH Due IMMEDIATE CAUSE (o DUE TO, OR AS A CONSEQUENCE OF Carbon monoxide. Conditions, if ony, which gave rise to immediate couse (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying couse last. DIVISION OF VITAL RECORDS, PART 2 DINER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 16 CERTIFICATION 19g. DATE OF OPERATION 19h CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? NO X 21a EXTERNAL CAUSE WAS 216. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR OR UNDERLYING CONTRIBUTING CAUSE OF DEATH 21e PLACE OF INJURY 21d. INJURY OCCURRED 21f. LOCATION AT WORK AT WORLE STREET, FACTORY, FARM, ETC.) CITY OR TOWN STATE COUNTY 22a I certify that I took charge of the remains described above, held on Autopsy Inspection ond in my apinion Homicide ___ deoth resulted from: Natural causes Accident Undetermined monner TITLE (SPECIFY ACTUAL SIGNATURE EXAMINER'S NAME 8 WISCONSIN AVR (TYPE OR PRINT 230. BURIAL, CREMATION, REMOVAL 236. DATE May 23d LOCATION Cremation 1986 Metropolitan Crem. Alexandria BP. Virginia 755 Wisconsin Ave. Bethesda, MD 20814PA MAY 5 1986 **DHMH - 17** (VR A15 ME (5))

STATE OF MARYLAND

FOR



23c NAME OF CEMETERY OR CREMATORY

RESTHAVEN MEMORIAL

DHMH-16 25M (VRA 15.4) 1/79

24 FUNERAL DIRECTOR FRANCIS H. BARBER LAYTONSVILLE, MD. 20879

MAY 15.1986

23b. DATE

230 BURIAL, CREMATION, REMOVAL

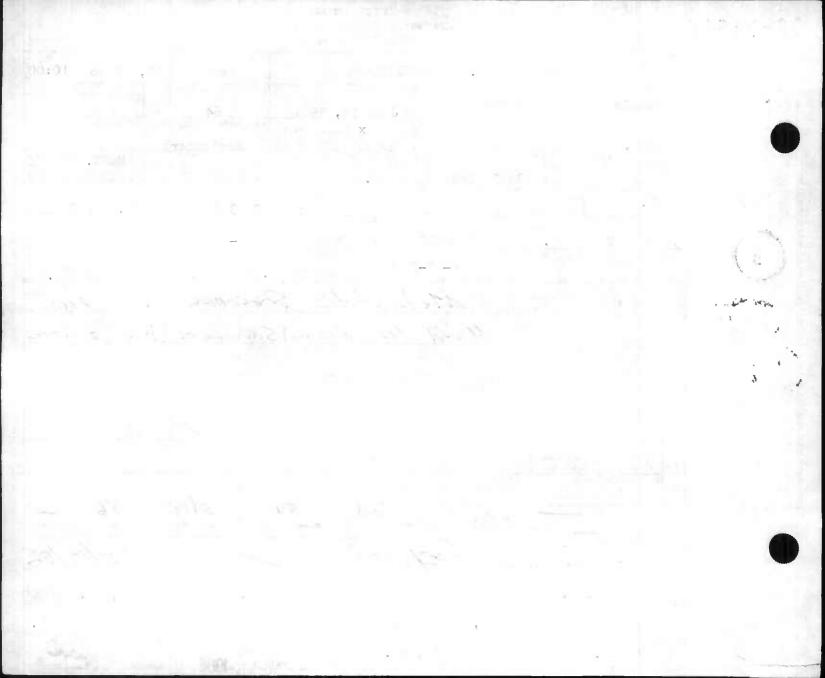
BURIAL

250. DATE REC'D. BY REGISTRAR 25b. REGISTRAR'S SIGNATURE Landson Rondalls

23d LOCATION

FREDERICK

MD.



STATE OF MARYLAND

23c. NAME OF CEMETERY OR CREMATORY

May 17,1986 George Washington Cem

DHMH - 16 60M 7/84 (VRA 15, 4)

230. BURIAL, CREMATION, REMOVAL

24 FUNERAL DIRECTOR

Burial

FOR

Gasch's Sons F.H. P.A. Hyattsville, Maryland

BY REGISTRAR 256. REGISTRAR'S SIGNATURE

Adelphi

2b. HOUR

12b. KIND OF BUSINESS OR

Gas Station

APPROXIMATE INTERVAL

TAST

Guntz

COUNTY

P.G.

STATE

Maryland

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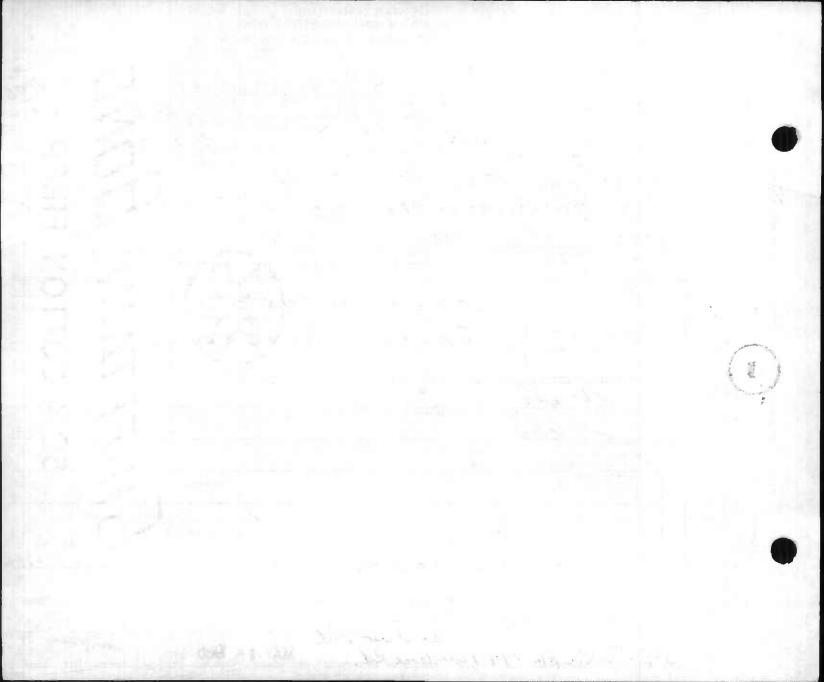
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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE FOR - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH O REGISTRAR 20 DATE KNOWN I. DECEASED NAME (TYPE OR PRINT) OF ESTI-AY IS NECESSARY, PLEASE
D. THE FUNERAL DIRECTOR.
AGE 5 FOR YOUR FILES.
IF FILED, WITHIN 72 HOURS.
201 W. PRESTON STREET, DEATH MATED 2 M 3. SEX 4. RACE IF UNDER 1 YR. DATE OF BIRTH IF UNDER 24 HRS DATE LAST BIRTHDAY) MONTHS MONTH PRONOUNCED 20 25 DEAD 60 7b. CITIZEN OF WHAT COUNTRY? BALTIMORE CIT MARRIED NEVER MARRIED FOREIGN COUNTRY U.S.A. SOUTH CAROLINA WIDOWED DIVORCED 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME, OR OTHER TYPE OF YORK FOR MOST OF WORKING LIFE) OR INDUSTRY UNK JAL RESIDENCE LIE IN NUR 30 STATE 13d. INSIDE CITY LIMITS? 14. FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE FIRST LAST CORA LEE BRYANT SHAW JULIUS 17. INFORMANT 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. GOLDEN LEAF AVENUE (YES, NO. OR UNKNOWN) (IF YES, GIVE WAR OR DATES) 248-30-2495 FLOSSIE NO 18 CAUSE OF DEATH (Enter only ane cause per line for (o), (b), and (c).) APPROXIMATE INTERVAL PART I DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) DUE TO, OR AS A CONSEQUENCE OF Canditions, if any, which gave rise to immediate couse (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO GEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (g) CERTIFICATION 19a DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? YES 216. TIME OF INJURY 21g. EXTERNAL CAUSE WAS 21c HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR UNDERLYING OR CONTRIBUTING CAUSE OF DEATH P.M. 19 21d. INJURY OCCURRED 21e. PLACE OF INJURY (ATHOME, 211 LOCATION AT WORK NOT WHILE STREET, FACTORY, FARM, ETC.) CITY OR TOWN COUNTY STATE Inspection ER DEATH, WITH THE S LIMORE MARYLAND 22a I certify that I took charge of the remains described above, held an Autopsy Natural causes death resulted fram: Accident Hamicide ____ Undetermined manner TITLE (SPECIFY ACTUAL SIGNATURE EXAMINER MAME (TYPE OF PRINT) AFTER PAGE TO FU 230 BURIAL, CREMATION, REMOVAL 236 DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION COUNTY STATE 5/17/86 BURIAL MD. 07/84 BP ANDOVER 25M 24 FUNERAL DIRECTOR **DHMH - 17** (VR A15 ME (5))



FITENDING PHYSICIAN: The low

TO HOSPITAL

BP.

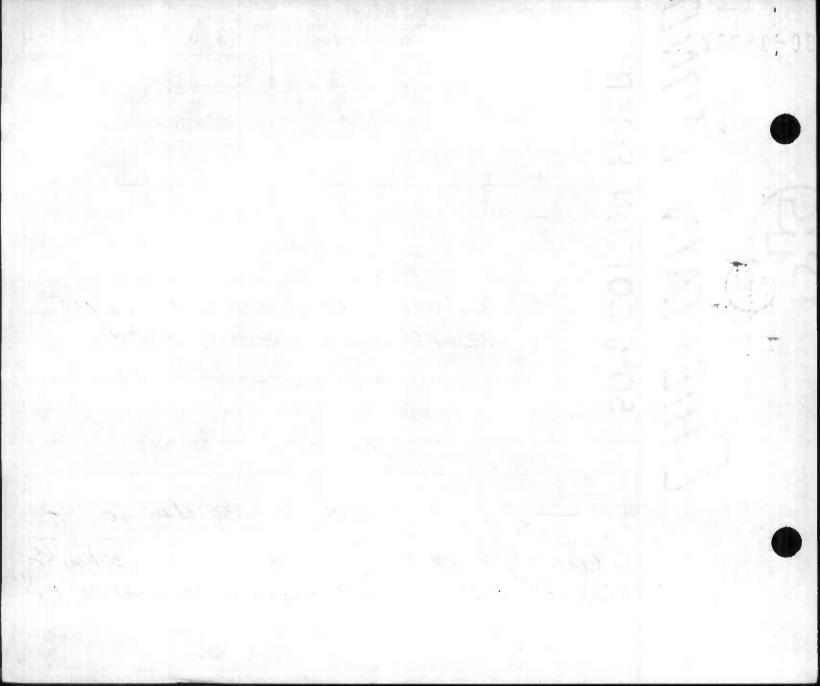
retained by the hospital or attending physician.

STATE OF MARYLAND FOR - STATE DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

B 6 REG. NO.	6	5	U	3	O
					_

	REGISTRAK		CERTIFICATE OF DEAT	REG. NO					
	CEASED NAME FIRST	MIDDLE	LAST	20 DATE OF DEATH	MONTH DAY YEAR 26 HOUR				
	Leno	re	Shiflett	May 30,	1986 3:20p				
3. SE		4 RACE	5 DATE OF BIRTH	6 AGE (IN YEARS LAST BIRTH	HDAY) IF UNDER 1 YEAR IF UNDER 24 HE				
1	Female	Caucasian	Feb. 4, 185	88	YRS.				
70 B	IRTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WHAT COUNTRY?	8	9 BALTIMORE CITY OF					
We	est Virginia	United States	MARRIED NEVER MARRI	Montgome	ry County				
	ITY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURSIN	NG HOME OR OTHER INSTITUTION	ON 120 USUAL OCCUPATIO	IZE KIND OF BUSINESS O				
	Wheaton	University Nu	irsing Home	Homemake					
USU	AL RESIDENCE (IF NURSING HOME O	R OTHER INSTITUTION GIVE RESIDENCE BEFOR	E ADMISSION)						
Ma	ryland Mont	gomery Rockvi	The YES TX NO I	721 Map 16	eton Road/20850				
14 F.	ATHER'S NAME		15 MOTHER'S MAIL	DEN NAME	7 TOTAL ROUGH				
/	not availabl	e Westfall	Iva	MIDDIE	not availabl				
160	WAS DECEASED EVER IN U.S. AF	RMED FORCES? 166 SOCIAL SECU	JRITY NO 17 INFORMANT	ADDRES					
1	NO (IF YES GI	218-20-	1723 Betty L	ee Phillips,	same as #13				
	18 CAUSE OF DEATH (Enter of	nly one cause per line for (a), jb', an		11	APPROXIMATE INTERVAL BETWEEN ONSET AND DEAT				
1	PART I. DEATH WAS CAUSE	ED BY CERENO	vasculas (14 sombog	5 IMO				
NO	PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110								
CERTIFICATION	190 DATE OF OPERATION	19b CONDITION FOR WHICH	OPERATION WAS PERFORMED	200 AUTOPSY?	20b IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES NO NO				
3 8	210 ACCIDENT WAS UNDERLYING	21b. TIME OF INJURY	21c. HOW INJURY	OCCURRED (ENTER NATURE OF INJURY	IN ITEM 18 PART I OR PART 2)				
N N	OR CONTRIBUTING CAUSE OF DE.	ein	19						
MEDICAL	21d INJURY OCCURRED	21e. PLACE OF INJURY	21f LOCATION	CITY OR YOW	N COUNTY STATE				
>	WHILE NOT WHILE AT WORK	TALL STATES, FACTORS, OFFICE, P	/ \/	2					
	22a.1 certify that (I) (this hosp	talk, attended the deceased fram_	25 april 19.	86 to 30 1	lay 1986, that It (10)				
	sow the deceased alive or above, (1) (year (did) (did no	1 07 19 009 19 0	ond that in (my) (our c	opinion death accurred on the dat	e and hour and from the causes stated				
	279. SAGNIATURE	0060	DEGREE	DINIO - ANEDICAL CTAR	220 DATE SIGNED				
	Mach	VYTAMI		DING MEDICAL STAFF	AND SUMAY DE				
	274 PHYSICIAN'S NAME (TYPE O	OR PRINT	22e ADDRESS	- 12-2-2-2-2-2-4	1 2				
	VYM-IER G	SUULH MI	6309 SH	KEFIELD KOA!	D WHEATON M.				
23a.	BURIAL, CREMATION, REMOVAL SPECIBULIA	Julie	NAME OF CEMETERY OR CREMA	ATORY 23d LOCATION	COUNTY				
	Durlai	2, 1986 Pa	1- 1 3 r	Declarit	To Mossel and				
124 E			rklawn Mem.	Park ROCKVII	le, Maryland state				
124		t A. Pumphrey Ave. Bethesda,	Suneral Homes	Park RUCKVII	Mary and				

DHMH - 16 60M 7/B4 (VRA 15, 4)



08528	1-	FOR STATE REGISTRAR	DEPART	MENT OF	E OF MARYLAND IEALTH AND MENTAL HYG ICATE OF DEATH	IENE 8 6		5 U	3
		EASED NAME FIRST	MIDDLE		LAST	20. DATE OF DEATH MON	TH DAY	YE AR	26 HOUR
ay be ooge 3 death	(TYPE	Norma	(Show	alter	5	18	86	2:00P.
bod 'a	3. SEX		4 RACE	5. DATE	OF BIRTH	6 AGE (IN YEARS LAST BIRTHDAY) IF UNE	ERIYEAR	IF UNDER 24 HRS
rs offi		Female	White	Fe	b. 11, 1907	79	YRS	DAYS	HOURS MIN.
# P		THPLACE (STATE OR FOREIGN	76 CITIZEN OF WHAT COUNTRY?	8.	D NEVER MARRIED	9 BALTIMORE CITY OR CO	OUNTY OF D	EATH	
15 X8	(Virginia	United States	WIDOW	ED DIVORCED	Montgomery (County		MD.
	0 CIT	Y OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURSI	NG HOME		120 USUAL OCCUPATION	121		F BUSINESS OR
70	Ro	ckville	National Luther	an Ho	me	Secretary		niroy	7al
35	Mag S	TATE 136 COU	ROTHER INSTITUTION GIVE RESIDENCE BEFOR NTY 13, CITY OR TOV Limore Baltimo	VN	13d. INSIDE CITY LIMITS?	92 Oaklee Vi		2	1239
かまり	III FA	FIRST	MIDDLE LAST		FIRST	WIDDLE	W- 01	LAST	
- B	160/\\	Tracy AS DECEASED EVER IN U.S. AR	Showalter RMED FORCES? 1166, SOCIAL SEC		Mary 17 INFORMANT	ADDRESS	McG1		
ages			VE WAR OR DATES) 212-10-			10429 43r			
orre un order orde		PART I. DEATH WAS CAUSE	TE CAUSE (0)	en	ilus Dr	plane		APPROXIMBET WEEM O	WATE INTERVAL INSET AND DEATH
iol, cremotion or other traur		gove rise to immediate cause (a), stating the underlying cause lost.	DUE TO, OR AS A CONSEQU	ENCE OF					
been signe rmit. Then p prior to bur injury,	CERTIFICATION	PART 2 OTHER SIGNIFICANT	CONDITIONS CONTRIBUTING TO	Ca	Moves	200 AUTOPSY? 200 IN	. IF YES, WER CERTIFYING	RE FINDIN	IGS USED OF DEATH?
is certificate has burial-transit pe Mental Hygiene or Item 18 stat		210 ACCIDENT WAS UNDERLYING CONTRIBUTING CAUSE OF DE	HOUR A.M. MONTH D	AY YEAR	21c HOW INJURY OCCUR	YES NO	YES	R PART 2)	NO 🗌
h and Me	MEDICAL	21d INJURY OCCURRED WHILE NOT WHILE AT WORK	21e. PLACE OF INJURY (AT HOME STREET FACTORY OFFICE	FARM, ETC.)	211 LOCATION STREET	CITY OR FOWN	c-	OUNTY	STATE
DIRECTOR: Afroched for use of Dept. of Healt		saw the deceased plive or	atal) attended the deceased from.	862.	nd that in (my) (our) apinion of DEGREE ATTENDING	_ MEDICAL STAFF	2		
ould be determine the Store		22d. PHYSICIAN'S NAME (TYPE OF 1862)	ORPRINT HAROLD F	CAK	17e. ADDRESS W 4362-26	DIRECTOR PHYSICIAN	~	lan,	Va 20

DHMH - 16 60M 7/84 (VRA 15, 4)

 24 FUNERAL DIRECTOR Hysong Company, Inc. 1300~N Street, NW, Washington,

23, 1986

230. BURIAL, CREMATION, REMOVAL 23b. DATE May

Burial

Woodbine Cemetery

DC

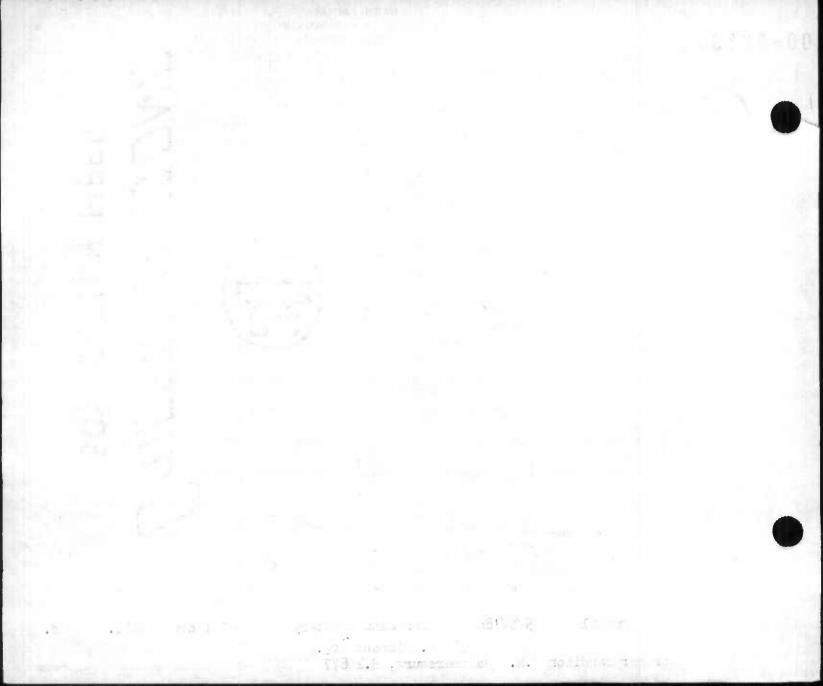
20005

Harrisonburg, Virginia

MAY 23 1986

Mary and Service State of the Service of the Servic

	1			STATE OF MARYLAND		
0-06/38	1	FOR - STATE REGISTRAR	DEP	ARTMENT OF HEALTH AND MENTAL HY CERTIFICATE OF DEATH	8 6	15032
0 00430		CEASED NAME FIRST	MIDDLE	LAST D	REG. NO. 26. DATE OF DEATH MONTH	DAY YEAR 2b HOUR
de pos		KAthry		Silverwood	5	7 86925AM
	1.58	To male	Caucasian	5. DATE OF BIRTH MONTH DAY YEAR 11 39 1895	6 AGE (IN YEARS LAST BIRTHDAY)	MONTHS DAYS HOURS MIN.
E (F B)	74. B	IRTHPLACE (STATE OR FOREIGN	76. CITIZEN OF WHAT, COUNT		9 BALTIMORE CITY OR COUNT	Y OF DEATH
	Bi	thmore mb	United State	MARRIED WEVER MARRIED WIDOWED DIVORCED	Montgome	RY MD.
1 190	16	HHErsburg	11. NAME OF HOSPITAL, NU (IF NOT IN SUCH FACILITY GIVES WIJSON HEAL	PERSONG HOME OR OTHER INSTITUTION WEET OFFICE CENTER	120 USUAL OCCUPATION LITYPE OF WORK FOR MOST OF WORKING HOUSEWITE	126 KIND OF BUSINESS OR INDUSTRY
tilled in hould be	1,	STATE BAR	Amore BALL	TOWN ISE INSIDE CITY LIMITST.	UNKNOWN	× 10 00000
1 15900	N. F.	ATHER'S NAME	MODIF	15. MOTHER'S MAIDEN NA	AME HUDOU	11- 1411
Page 14 1	1to	WAS DECEASED EVER IN U.S. AR	MED FORCES? THE SOCIALS	SECURITY NOA 17. INFORMANT	ADDRESS AN	HOYMON BE
Page Page	1	NO NO PRINCIPAL PRIES OF	- 914-	24-4906 CAROLYN /	Kirschen 300	thant N.C. Fift
physics of the state of the sta		PART I. DEATH WAS CAUSE	DBY / A 44	De Alepinator	hiler	included with the
and		IMMEDIA	DUE TO, ORJAS A CONS	FOURNITE OF .	1000	-/
desire of the district of the		Canditions, if any, which gave rise to immediate	1 101	Umoreaf	747	100
the state of the s		cause (a), stating the underlying cause last.	DUE TO OF AS A CONSE	EQUENCE OF		- T. T. T.
gred Surial Printers	7	PART 2 OTHER SIGNIFICANT	CONDITIONS CONTRIBUTING	TO DEATH BUT NOT RELATED TO THE TERM	MINAL DISEASE OR CONDITION G	IVEN IN PART 110
4 4 6 4	CERTIFICATION	190 DATE OF OPERATION	19h CONDITION FOR WE	HICH OPERATION WAS PERFORMED	70a AUTOPSY? 20b. IF YI	ES, WERE FINDINGS USED
to the local state of the local	THE	DATE OF CLEANING		THE STEWN OF THE STEW OF THE STEWN OF THE ST	IN CERT	IFYING CAUSES OF DEATH?
FINE THE PERSON OF THE PERSON		210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE		DAY YEAR 21c. HOW INJURY OCCUP	RRED (ENTER NATURE OF INJURY IN ITEM 18	
Sicure of the second	MEDICAL	LIFETHER NOTIFY MEDICAL EXAMINER	P.M.	19		
ad of the state of	MED	21d INJURY OCCURRED	21e PLACE OF INJURY (AT MOME STREET, FACTORY, OFF	FICE, FARM ETC.)	CITY OR TOWN	COUNTY STATE
A A A A A A A A A A A A A A A A A A A		27s I certify that (I) (this hospi	tal: attended the abcoouts/in	om_ 0 1 10	5 10 5/7	19 that (I) (ve) last
#1 634 %		now the deceased alive on obove, ((1454) (did) (did)		1	death accurred an the date and ha	
OR A the hear Degree Them		776 SIGNATURE	111. 100	DEGREE	EMEDICAL CTATE	220 DATE SHENED
A TAN THE	-	11/11/2/	MANIA	ATTENDING PHYSICIAN	MEDICAL STAFF DIRECTOR PHYSICIAN	17/16
O HOSPI O FUNE O FUNE MADORTA		S C .	WARD, 611	6 ROBINNIID,	Bether	120817
FX	23a	BURIAL, CREMATION, REMOVAL	23b. DATE 5/9/186	230 NAME OF CEMETERY OR CREMATORY	23d LOCATION CITY OR TOWN	COUNTY STATE
BP_C	24 F	Burial		Lorraine Cemetery	Baltimore TE RECID, BM, REGIS]RAR 256, REGIS	Balt. Md.
DHMH - 16 60M 7/84 (VRA 15, 4)		artner Sandison	FH Contact	E. Diamond Ave	2 July grandens	
	-	Tariet Danier Son	Tell nather	SUUT8 , 10 - 2 UO / /		

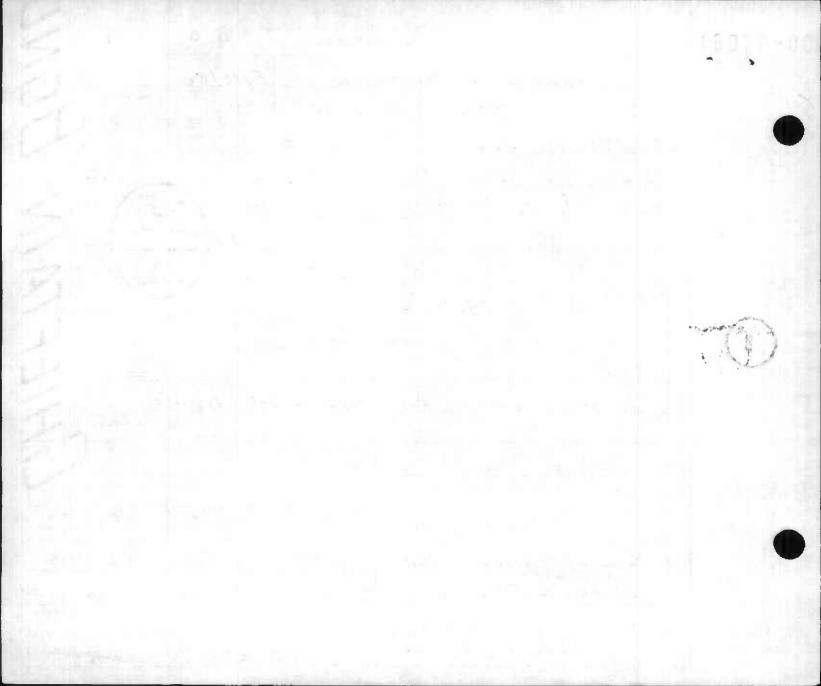


STATE OF MARYLAND

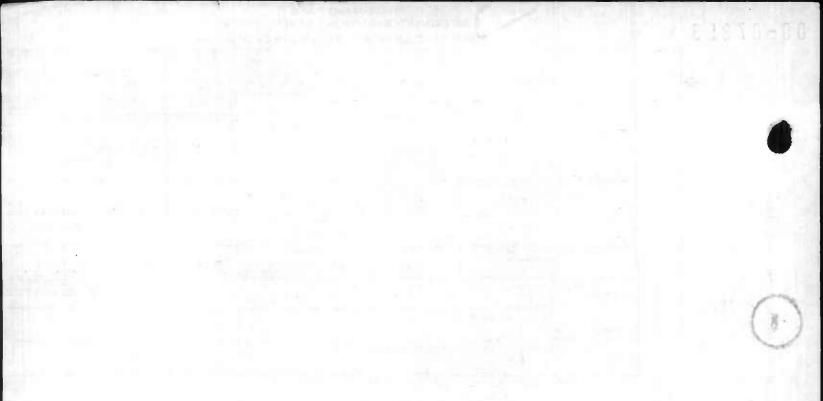
	FOR STATE REGISTRAR			EALTH AND MENTAL HYO	GIENE 8 6	15033			
ı	DECEASED NAME FIRST	MIDDLE	L	AST	20 DATE OF DEATH MONTH	DAY YEAR 26 HOUR			
1	(TYPE OR PRINT)	ORFL R.	Simi	PSON	5/10/86	2-10.4 m			
1	1. 5EX	4 RACE	5. DATE C	F BIRTH	6 AGE (IN YEARS LAST BIRTHDAY)	IF UNDER I YEAR IF UNDER 24 HRS			
1	FEMALE	CAUCASTA		29, 1906		MONTHS DAYS HOURS MIN.			
d	BIRTHPLACE (STATE OR FOREIGN COUNTRY)		T COUNTRY? 8 MARRIEI	NEVER MARRIED	9. BALTIMORE CITY OR CO	UNTY OF DEATH			
2	WEST VIRGINIA 10 CITY OR TOWN OF DEATH	U.S.A.	WIDOWE		MONTGOMERY	MD.			
7	SILVER SPRING	ALTHEA			SUPERVISOR	INDUSTRY A.E.C.			
\$	MARYLAND PR	OUNTY 13c.	RESIDENCE BEFORE ADMISSION) CITY OR TOWN ATTSVILLE	13d INSIDE CITY LIMITS? YES NO	3316 GUMWOOD	DRIVE 20783			
1	THOMAS	WILLIAMS	ROBEY	15. MOTHER'S MAIDEN NA MARY	ELLEN	KEFFER			
J	160 WAS DECEASED EVER IN U.S	S GIVE WAR OR DATEST	SOCIAL SECURITY NO.	17 INFORMANT	ADDRESS				
	NO OR UNKNOWN) (IF YE	57	18-32-6308	MRS. PATRICI	A R. FELLERS	SAME AS # 13 APPROXIMATE INTERVAL BET WEEN ONSET AND DEATH			
(X)	Conditions, if ony, whic gave rise to immediat cause (a), stating th underlying cause las	DUE TO, OR AS (c) INT CONDITIONS CONTR 19b. CONDITION G	I PAT CREATION URY MONTH DAY YEAR 19	10 SEPERTICE N WAS PERFORMED	YES NOX	IF YES, WERE FINDINGS USED CERTIFYING CAUSES OF DEATH? YES NO			
	220.1 certify that 4th (this f	STATE (AT HOME STREET, FACTORY, OFFICE, FARM, ETC.) STATE (ITY OR TOWN COUNTY STATE (ITY OR TOWN TOWN TOWN ITY OR TOWN COUNTY STATE (ITY OR TOWN COUNTY STATE (ITY OR TOWN COUNTY STATE CITY OR TOWN TOWN							
	PHYSICIAN'S NAME (TYPE OR PRINT)		PHYSICIAN [27e ADDRESS 7.7 [NOUCOS	DIRECTOR PHYSICIAN	SILVEN SPRING, MA			
	230. BURIAL, CREMATION, REMO			EMETERY OR CREMATORY	23d. LOCATION	20911			
	BURIAL	MAY 12. 1		CEMETERY	WALLACE	HARRISON WEST VA.			
		NCIS J. COLI			TE REC'D. BY REGISTRAR 256. RI	EGISTRAR'S SIGNATURE			
	500 UNIVERSITY	BLVD. WEST	SILVER SPRIN		W 15 1986	w Levidson-Randall			
				20901	W 17				

DHMH - 16 60M 7/B4 (VRA 15, 4)

TO FUNERAL DIRECTOR. A should be detoched for use with the State Dept. of Heal MPORTANT If hem 21 is



STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE 00-07853 1 - STATE REGISTRAR I. DECEASED NAME 20 DATE KNOWN (X) 7h HOUR (TYPE OR PRINT) OF ESTI-DEATH MATED 5-17-8619 SLOANE 4 RACE 2d HOUR DATE OF BIRTH AGE (IN YEARS IF UNDER 1 YR. IF UNDER 24 HRS DATE LAST BIRTHDAY PRONOUNCED 5-17-8619 APRIL 1 1986 9:508 MATE BT.ACK DEAD BIRTHPLACE (STATE OR L CITIZEN OF WHAT COUNTRY? BALTIMORE CITY OR COUNTY OF DEATH MARRIED | NEVER MARRIED MARYTAND U.S.A. DIVORCED WIDOWED MOntgomery County CITY OR TOWN OF DEATH 12ª USUAL OCCUPATION (TYPE OF WORK 126 KIND OF BUSINESS II. NAME OF HOSPITAL NURSING HOME, OR OTHER INSTITUTION OR INDUSTRY HE NOT IN SUCH FACILITY, GIVE STREET ADDRESS FOR MOST OF WORKING LIFE) NONE Silver Spring Holy Cross Hospital 13e STREET ADDRESS 30. STATE 13c CITY OR TOWN 13d. INSIDE CITY LIMITS? 2024 SANDSTONE MD SILVER SPRING YEX 14. FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE FIRS1 CAROL LloyD WAT TER STOANE 7 INFORMAN ADDRESS 160 WAS DECEASED EVER IN U.S. ARMED FORCES? OR UNKNOWN) LIFYES, GIVE WAR OR DATES WALTER SLOANE 2024 SANDSTONE CT S.S. MD. NO NONE 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY sudden infant death syndrome IMMEDIATE CAUSE (o). DUE TO, OR AS A CONSEQUENCE OF 3 SHOULD BE USED AS A BURIAL - TRANSI DEPARTMENT OF HEALTH AND MENTAL HY PRÍOR TO BURIAL, CREMATION, OR REM Conditions, if ony, which gove rise to immediate couse (o) stoting the under-DUE TO, OR AS A CONSEQUENCE OF lying couse lost PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (g) CERTIFICATION 19a DATE OF OPERATION 19h CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? CHIEF YES T NO [210 EXTERNAL CAUSE WAS 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2 HOUR A.M. MONTH DAY YEAR UNDERLYING 9 CONTRIBUTING CAUSE OF DEATH 21e PLACE OF INJURY (AT HOME 211 LOCATION TO MEDICAL EXAMINER: THIS CER EXECUTE THE CERTIFICATE, WRITIN PAGE 4 SHOULD BE FORWARDED TO FUNERAL DIRECTOR: PAGE 3: AFTER DEATH, WITH THE STATE DE BALLIMORE, MARYLAND, 2:201 P STREET, FACTORY, FARM, FTC 1 STREET CITY OR TOWN STATE WHILE AT WORK 220 1 certify that I took charge of the remains described above, held an Autopsy Inspection and in my opinion Notural couses Suicide Homicide Undetermined monner deoth resulted from Accident TITLE (SPECIFY) ACTUAL Assistant MEDICAL EXAMINER 5-18-86 SIGNATURE EXAMINER'S NAME Margarita A. Korell, M.D. ADDRESS 111 Penn Street TYPE OR PRINT 23c NAME OF CEMETERY OR CREMATORY 23d. LOCATION 23e BURIAL CREMATION REMOVAL 23b DATE BURTAT 5-21-1986 ROCK CREEK CEMETERY WASHINGTON BP 24. FUNERAL DIRECTOR **DHMH - 17** JOHNSON & JENKINS 716 KENNEDY ST. N.W. WASH (VR A15 ME (5)) 20M 4/82





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may be

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	1 -	FOR STATE REGISTRAR			DEPARTMENT OF HEALTH AND MENTAL HYGIENE 8 6 1 5 0 REG. NO.							5
i		CEASED NAME	FIRST	WIDDLE			AST	20 DATE OF DEA		DAY YEAR	26 HOUR	75
2	TYPE	OR PRINT)	ROTHY	ED	ГТН		SMITH	MAY 2	9, 1986	5	9:20	RM (
	1 SEX		101111	4 RACE		5. DATE C		6 AGE (IN YEARS L	AST BIR1HDAY)	IF UNDER 1 YEAR	IF UNDER 24	
		FEMALE		WHIT	E	NOVE	MBER 21, 1919	66	YRS	MONTHS DATS	HOURS A	WiN.
1		RTHPLACE (STATE OR	FOREIGN		WHAT COUNTR	V2 8	D NEVER MARRIED 🖫	9 BALTIMORE C	ITY OR COUN	TY OF DEATH		
2		VIRGINIA		U.S.		WIDOWE			ONTGOME			MD.
	(16			(1E NOT IN SU	HOSPITAL, NUR CHEACILITY, GIVE STR PEAR TRI	EET ADDRESS]	T #13	170 USUAL OCC		LIFE) INDUSTRY	12b. KIND OF BUSINESS OR INDUSTRY BANK	
L	DOUAL RESIDENCE (14 NURSING HOME OR OTHER INSTITUTION GIVE RESIDENCE BEFORE AE 136 STATE 136 COUNTY 136 CITY OR TOWN MARYLAND MONTGOMERY SILVER SPRI					ORE ADMISSION)	13d. INSIDE CITY LIMITS?	3624 PE				906
2		THER'S NAME ROY	MILLE	MIDDLE R	SMITH		20RA ZORA		A POLE	WATKIN	is	
1		VAS DECEASED EVER			166 SOCIAL SE	CURITY NO.	17 INFORMANT	1	ADDRESS RO	CKVILLE,	MD.	20853
		YES, NO OR UNKNOWN)	(IF YES, GIV	E WAR OR DATES)	129-07-	-5601	HELEN KNUDS	EN, SISTER	,4204 H	EATHFIEL	D RD.	
		18 CAUSE OF DEAT PART I. DEATH W	IMMEDIA	TE CAUSE (a)	R AS A CONST	pero	ton For	eler	ia	PETWEEN / 2	MATE INTERVA	LL LL
Å		gave rise to imi couse (0), statu underlying cause	ng the	DUE TO, C	Car	QUENCE OF	ra of Gio's		KNOW		mpn	IL
	NO	PART 2 OTHER SIG	Hy	perlan	ONTRIBUTING T	O DEATH BUT	NOT RELĂTED TO THE TERA	MINAL DISEASE OR	CONDITION G	SIVEN IN PART II	a	
2	CERTIFICATION	19a DATE OF OPERA	TION	HOUR A.M. MONTH DAY YEAR			N WAS PERFORMED	206 AUTOPSY? 20b. IF YES, WERE FINDINGS IN CERTIFYING CAUSES OF E YES NO YES NOT YES NOT				
1		710. ACCIDENT WAS UN OR CONTRIBUTING	CAUSE OF DE				21¢ HOW INJURY OCCUI					
	MEDICAL	21d INJURY OCCUR	RED HILE	21e. PLACE	OF INJURY REET, FACTORY, OFFIC		21f LOCATION STREET	CIT	Y OR TOWN	COUNTY	STAT	E
		22a certify that (1) saw the deceas above, (1) (we) (ed alive or	20	May 19	All A	nd that in (my) (aur) apınıar	death occurred an	the date and h		that (I) (we causes state	
		THE SIGNATURE	ful	P	Leb	e 1	DEGREE ATTENDING PHYSICIAN	MEDICAL DIRECTOR D	STAFF HYSICIAN []	30 DATE	May,	Ho
		22d PHYSICIAN'S N	AME (TYPE	P. LI	brE 1	70	27e ADDRESS 10 Y	in to	neel	268	0,	
		BURIAL, CREMATION,	REMOVAL			RE NAME OF C	EMETERY OR CREMATORY	23d LOCATION		COUNTY	STAT	
		BURIAL		5/3	1/86	PARKL	ARKLAWN CEMETERY ROCKVILLE MONTGOMERY MD.					
	24 FU	UNERAL DIRECTOR	RICH	ARD RAP	P, INCORES		25a DA	TE REC'D. BY REGIS	TRAR 256 REG			
	1	1804 T ST.			GTON, D. C		9 1	JN 4 198	6 Freha	Davidson-D	andella	

DHMH - 16 60M 7/84 (VRA 15, 4)

TO HOSPITAL

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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH 68 REGISTRAR REG. NO L DECEASED NAME 20 DATE KNOWN (TYPE OR PRINT) OF ESTI-E FUNERAL DIRECTOR.
E 5 FOR YOUR FILES.
ED, WITHIN 72 HOURS DEATH MATED DATE OF BIRTH AGE (IN YEARS IF UNDER 24 HRS DATE YEAR LAST BIRTHDAY) PRONOUNCÉD DEAD YRS 9 BALTIMORE CITY OR COUNTY OF DEATH 70. BIRTHPLACE CITIZEN OF WHAT COUNTRY MARRIED NEVER MARRIED VIRGINIA USA WIDOWED DIVORCED FILED, 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL NURSING HOME, OR OTHER INSTITUTION 126 KIND OF BUSINESS TYPE OF WORK OR INDUSTRY HOUSEWIFE HOME SHOULD BE USUAL RESIDENCE (IF IN NUE 13a. STATE 13c CITY OR TOWN 13d. INSIDE CITY LIMITS 13e STREET ADDRES 14 FATHER'S NAME 15 MOTHER'S MAIDEN NAME CV AND : MIDDLE SMITH, SR. BEN AMY 17. INFORMANT 13609 16a, WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO CREEKASON DE (YES, NO, OR UNKNOWN) SPRING.MD. BELLAMY 578-28-7675MRS. CHARLOTTE NO APPROXIMATE INTERVAL CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c). BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gave rise to immediate cause (a) stoting the under-DUE TO, OR AS A CONSEQUENCE OF lying couse lost. DIVISION OF VITAL RECORDS PART 2 OTNER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT BELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 to ED AS A HEALTH CERTIFICATION EXECUTE THE CERTIFICATE, WRITING THE WORD "FREGULE A SHOULD BE FORWARDED TO THE CHIEF TO FUNERAL DIRECTOR: PAGE 3 SHOULD BE USED APTER DEATH, WITH THE STATE DEPARTMENT OF HE BAUTIMORE, MARYLAND, 21201 PRIOR TO BURIAL 19a. DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED? 2D AUTOPSY? YES NO. 21a. EXTERNAL CAUSE WAS 216. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR OR UNDERLYING CONTRIBUTING CAUSE OF DEATH P.M 21d INJURY OCCURRED 21e. PLACE OF INJURY 21f. LOCATION (AT HOME. AT WORK AT WHILE STREET, FACTORY, FARM, ETC.) STREET CITY OR TOWN STATE COUNTY 220. I certify that I took charge af the remains described above, held an Autopsy Inspection Inquiry and in my opinion death resulted fram Natural causes Accident Hamicide Undetermined monner TITLE (SPECIFY) ACTUAL MEDICAL EXAMINER EXAMINER'S NAME TYPE OR ERINT 23c. NAME OF CEMETERY OR CREMATORY 23d LOCATION 230 BURIAL CREMATION, REMOVAL 236. DATE COUNTY BURIAL HOPE BAPT CH CEM VIRGINTA 07/B4 BP 25M 24. FUNERAL DIRECTOR **DHMH - 17** FUNERAL HOME WASH.D.C (VR A15 ME (5))

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ISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201] =
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PHYSICIAN: The low requires increase describinate be executed within 24 hours are assumed as who be	1
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he burial-transit permit. Then please remave carbonpopers. Pages I and 2 shall be filed within 72 hours after death	2
Mental Hydrene prior to buriol, cremotion, or removal.	

	1-	FOR STATE REGISTRAR			DEPA	RTMENT OF	HEALTH AND A	MENTAL HYG	GIENE 8 6	NO.	5 0	3 /
		CEASED NAME OR PRINT)	THE	JEZ "	K.	SM	ITH SMI	rh	20. DATE OF DEATH		DAY YEAR	16AM N
	3. SEX	Female		RACE Whit	e	5. DATE	1.0	YEAR 1904	6. AGE (WYEARS LAST)		IF UNDER 1 YEAR	HOURS MIN.
3	C	RTHPLACE (STATE ORF COUNTRY) OWA	OREIGN 7	USA	WHAT COUNTR	MARRI WIDOW	ED A NEVER M	AARRIED	9 BALTIMORE CITY Monts	or county comery	OF DEATH	MD
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/		VAS DECEASED EVER (ES. NO OR UNKNOWN) N/A	(IF YES, GIVE	NA OR DATES)	166. SOCIAL SE 569-30		17. INFORMA		ADD Ore-daughte	ress r-(sam	e as 1	3e)
	IB CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) IN TESTINAL OBSTICUCTI ON DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gove rise to immediate cause (a), stating the underlying cause lost. DUE TO, OR AS A CONSEQUENCE OF DUE TO, OR AS A CONSEQUENCE OF										BETWEEN 6	XIDATE PITERVAL I ONSET AND DEATH IM O XEAHOS XEAHOS
45	TION	PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 to 19th DATE OF OPERATION 19th CONDITION FOR WHICH OPERATION WAS PERFORMED 120m AUTOPSY? 120b. IF YES, WERE FINDINGS USED										
2	CERTIFICATION	19a DATE OF OPERAT	ION	TVb. CONDI	TION FOR WHI	ON FOR WHICH OPERATION WAS PERFORMED				IN CERTIF		S OF DEATH?
7	MEDICAL CE	21a. ACCIDENT WAS UND OR CONTRIBUTING CONTRIBUTING CONTRIBUTING CONTRIBUTING CONTRIBUTION CONTRI	CAUSE OF DEAT CALEXAMINER)	P.	M. MONTH	19	?		RED (ENTER NATURE OF IN		(OUNTY	STATE
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/		WAUTER	G-		DUH M	n	2309 :	Shorefu	wld Rd	Whea	fon 1	WI
		urial, CREMATION, SPCTemation		23b. DATE 5-31-1			Cremato		23d LOCATION CITY OR TOWN Washing	ton. D	COUNTY	STATE

Lee's Crematory

DHMH - 16 60M 7/84 (VRA 15, 4)

24 FUNERAL DIRECTOR 11800 N.H. Ave., Hines/Rinaldi Funeral Home Silver Spring, Md.

Washington, D.C.

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DEPARTMENT OF HEALTH AND MENTAL HYGIENE 00-0832 - STATE REGISTRAR . DECEASED NAME 20 DATE KNOWN 7h HOUR (TYPE OR PRINT) OF ESTI-1086 Julius V. Soloku DEATH MATED X 4. RACE DATE OF BIRTH 6. AGE (IN YEARS I IF UNDER 1 YR. 3. SEX IF UNDER 24 HRS 2d HOUR DATE 457 BIRTHDAY) July 18 1938 PRONOUNCED Z:41 Male Black. DEAD 1986 7b. CITIZEN OF WHAT COUNTRY? 7a. BIRTHPLACE (STATE OR 9 BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED XX Sierra Leone Diplomatic Visa WIDOWED L DIVORCED Montgomery County, 10 CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 120 USUAL OCCUPATION (TYPE OF WORK 126 KIND OF BUSINESS Sierra Silver Spring 15 Manchester Place, #303 Information Attache Leone SUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 13b. COUNTY 13d. INSIDE CITY LIMITS? 13e. STREET ADDRESS 15 Manchester Place #303 Montgomery Silver Spring YES-Mary Land 14. FATHER'S NAME 15. MOTHER'S MAIDEN NAME FIRST LAST Titi Abu Soloku Kamara Samue 1 60. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17 INFORMANT 13106 Camellia Dr. (YES, NO. OR UNKNOWN) (IF YES, GIVE WAR OR DATES) Samuel Tucker Silver Spring, Md. 20906 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) Hypertensive Arteriosclerotic Cardiovascular Disease DUE TO, OR AS A CONSEQUENCE OF Canditians, if any, which gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO GEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a) Intestinal Infarct 196. CONDITION FOR WHICH OPERATION WAS PERFORMED? 19a DATE OF OPERATION 20 AUTOPSY? WRITING THE WORL ARDED TO THE CH GG 3 SHOULD BE U TR DEPARTMENT O 201 PRIOR TO BUR YES XX NO 21n EXTERNAL CAUSE WAS 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR UNDERLYING OR CONTRIBUTING CAUSE OF DEATH 21e PLACE OF INJURY (AT HOME 21 LOCATION 21d INJURY OCCURRED STREET, FACTORY, FARM, ETC.) CITY OF TOWN COUNTY STATE WHILE AT WORK DIRECTOR: WITH THE ST Autopsy XX 220. I certify that troak charge of the remains described above, held an Inspection and in my apinian Natural causes X death resulted fram; Suicide Hamicide ____ Undetermined manner 4 TITLE (SPECIFY) TO MEDICAL EXECUTE THE PAGE 4 SHOUL TO FUNDAL AFTER D BALTIMORE Assistant MEDICAL EXAMINER 5-25-86 EXAMINER'S NAME 111 Penn St., Balto., Md. Dennis F. Smyth, M.D. 21201 TYPE OR PRINT 230 BURIAL CREMATION REMOVAL 23h DATE 23d LOCATION 23c. NAME OF CEMETERY OR CREMATORY Sierra Leone Freetown Removal June 9, 1986 07/84 74 FUNERAL DIRECTOR Hiness/Rinaldi Funeral Homes 25M 11800 New Hampshire | 250. Date REC'D. BY REGISTRAR | 256. REGISTRAR'S SIGNATURE **DHMH - 17** Silver Spring, (VR A15 ME (5))

STATE OF MARYLAND

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

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REG. NO.				

0	9-	FOR STATE REGISTRAR		DEPARTA	CERTIFICATE OF DEATH 8 6						9
		CEASED NAME FIRST		WIDDLE		ASI	20. DATE OF DEATH	MONTH DA	AY YEAR	26 HOUR	2
		HILD	A	JANE	S	OWERS	MAY 22,	1986		9:40	OAM
	3. SE)	X	4. RACE		5. DATE C		6. AGE (IN YEARS LAST BIR		ONTHS DATS	IF UNDER 2	
	F	EMALE	WHI	ΤE	OCT	. 27, 1950	35	YRS	DATS DATS	HOURS	MIN.
-	70. BI	RTHPLACE (STATE OF FOREIGN	76 CITIZEN OF	WHAT COUNTRY?	8	NEVER MARRIED	9 BALTIMORE CITY		OF DEATH		
5		Virginia	USA		WIDOWE		MONTGOME	ERY CO	HNTY		MD.
1	10 CI	TY OR TOWN OF DEATH ETHESDA		HOSPITAL, NURSIN CHEACILITY, GIVE STREET THE CLI	G HOME C	OR OTHER INSTITUTION	12a USUAL OCCUPAT (TYPE OF WORK FOR MOST O Housewi	ION OF WORKING LIFE)	12b KIND C		
177	130 S	AL RESIDENCE (IF NURSING HOMES STATE 13b COL rginia	OR OTHER INSTITUTION	13c. CITY OR TOW Orange	ADMISSION)	134 INSIDE CITY LIMITS? YES NO	13e.STREET ADDRESS Caroline	/ ZIP CODE	3080	age	2
-	14. FA	ATHER'S NAME FIRST Bud V	MDDLE Vaugh	LAST		15 MOTHER'S MAIDEN NAI FIRST Unkno	MIDDLE		LAS	51	
		WAS DECEASED EVER IN U.S. A		166 SOCIAL SECU	RITY NO.	17 INFORMANT	ADDR	ESS			
5	()	YES, NO OR UNKNOWN) (IF YES, G	IVE WAR OR DATES)	216-60	-150	6MR. WAYNE	SOWERS (H	IUSBAN	D) S	AME	
		18 CAUSE OF DEATH (Enter of PART I. DEATH WAS CAUS IMMEDIA	only one cause pe ED BY: ATE CAUSE (a)	CARCINOMA	TOUS	MENIGITIS			3 Mon	onset and d nths	PEATH
		Conditions, if ony, which gove rise to immediate cause (a), stating the underlying cause last DUE TO, OR AS A CONSEQUENCE OF METASTATIC CARCINOMA OF BREAST DUE TO, OR AS A CONSEQUENCE OF (b) OUE TO, OR AS A CONSEQUENCE OF (c)							2½ Ye	ars	
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	O	EXTENSIV	E BONE A	ND HEPATI	C MET	CASTASES					
	CERTIFICATION	19a DATE OF OPERATION	196 CONE	OITION FOR WHICH	OPERATIO	N WAS PERFORMED		WERE FINDI		H?	
		210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DI (IF EITHER NOTIFY MEDICAL EXAMIN	EATH HOUR A	OF INJURY .M. MONTH DA .M.,	Y YEAR	21c HOW INJURY OCCUR	RED (ENTER NATURE OF INJU	IRY IN ITEM 18 PAR	RT i OR PART 2)		
	MEDICAL	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK		OF INJURY IREET, FACTORY, OFFICE, F	ARM, ETC }	211 LOCATION STREET	CITY OR TO)wn	COUNTY	51	TATE
	Ĺ	22a. I certify that (Xthis hospital) attended the deceased from MAY 22 19 86, that X (we) lost saw the deceased alive MAY 22 19 86, and that in (My) (our) opinion death occurred an the date and hour and from the couses stated above. I we find that it is a saw that the date and hour and from the couses stated above. I we find that it is a saw that the date and hour and from the couses stated above.									
		374 SIGNATURE	be	MD		DEGREE ATTENDING PHYSICIAN [MEDICAL STA		5-2	SIGNED 3-DA	6
1		Doug 185	Yee			BETHESDA,	IONAL INS MARYLAND			HEA	LTH
	230 B	BURIAL, CREMATION, REMOVA (SPECIFY) Cremation	236 DATE 5-23-			EMETERY OR CREMATORY Crematory	23d LOCATION CITY OR TOWN Washing		COUNTY	D.C.	TATE
	24 FU	HESHALLS FUNE	RA Hon				O 2 1986	25b. REGISTR	ar's signat	TURE	

DHMH - 16 60M 7/84 (VRA 15, 4)

TO HOSPITAL

STATE OF MARTLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIEN
CERTIFICATE OF DEATH

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1.	FOR STATE REGISTRAR		DEPARTM		EALTH AND MENTAL HYG	0 0	. NO.	5 0	64	0	
	CEASED NAME FIRST	A	AIDDLE	L	AST	20 DATE OF DEATH	MONTH	DAY YEAR	26 HOU	JR .	
16	Albert		Russell		Stahmann	May 17,			_	2 a _M	
275		4 RACE		5. DATE OF BIRTH		6 AGE (IN YEARS LAST		MONTHS DAYS	IF UNDER	24 HRS	
	Male		White		e 27, 1925	60	YRS.				
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100	ethesda					126 USUAL OCCUPATION (114PL DE WORK FOR MOST OF WORKING LIFE) Supervisor Manufacturi					
130. S	AL RESIDENCE (IF NURSING HOME OF STATE 136 COULT BE		GIVE RESIDENCE BEFORE 13. CITY OR TOW Titusvil.		13d. INSIDE CITY LIMITS?	3640 Melr	s / ZIP CODE	enue	3278	19	
13. FA	ATHER'S NAME FIRST Elmer	MIDDLE	tahmann		15 MOTHER'S MAIDEN NA/	Maude			Russell		
16a V	WAS DECEASED EVER IN U.S. ARMED FORCES? LYES NO OR UNKNOWN) (18 YES GIVE WAR OR DATES)		264-42-7801		Mrs. Virgin	nia Stahma	as item [e)	as item #13 e)			
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	71a ACCIDENT WAS UNDERLYING COR CONTRIBUTING CAUSE OF DE	FINJURY M. MONTH DA	AY YEAR	YES NO YES YES NO YES YES YES HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART			PART OR PART 2)	NO []		
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	22a certify that XI (this hospital) attended the deceased from August 22 1984, to May 17 19 19 19 19 19 19 19 19 19 19 19 19 19								thorXII (scouses str		
	BARBARA	24 PHYSICIAN'S NAME (IVPE OR PRINT) 226 ADDRESS National Institutes of								V	
	BURIAL, CREMATION, REMOVAL (SPECIFY) Cremation	5/18/	/86 Me	tropo	emetery or crematory litan Cremato:		andria,		nia	STATE	
	UNERAL DIRECTOR Breva:		ADDRESS.			Y 2 0 1986	AR 25b. REGIST	RAR'S SIGNAT	URE	202	

1450 Norwood Ave., Titusville, Florida 32796

DHMH - 16 60M 7/84 (VRA 15, 4)

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CAL EXA THE CER SHOULD ERAL DIR EATH, WI	1	SIGNATURE	Many	HALIM	The		M	ASSIS	stant	MEDICAL	LEXAMINER	DATE	5-17-8	36
WO OF		EXAMINER'S	NAME I	Margarita	A. KOI	cell.M	D.		111	Penn	Street			
		(TYPE OR PRI	NI)	I 22h DATE		IAME OF CEA		ADDRESS_		[23d. LOCA				
PAGE PAGE PAFTE PA	73n R	LIRIAL CREAMA	TION REMOVAL											
TO MEDICAL EXAMINER: EXECUTE THE CERTIFICATE PAGE 4 SHOULD BE FOR TO FUNERFUR DIRECTOR: AFTER DEBATH, WITH THE BALTIMORE, MARYLAND,	23a.B	URIAL, CREMA	TION, REMOVAL	675/86						CITY OR TO	NWC		MATY S'	TATE Med
D7/84 BP 173		URIAL, CREMA SPECIFY) rematio UNERAL DIRECT NAME	7.4	23b DATE / 86	W	estvie				Cato	nsville		cimore Co	o, Md

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DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BJ	
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TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or ottending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physicion and completely filled in by the funeral director, a should be detached for use as the buriol-transit permit. Then please remove carbon papers. Pages I and 2 should be filed within 72 hours after with the State Dept. of Health and Mental Trygiene prior to burial, cremation, or removal.

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13	1-	FOR 17/1/86 P	17D DEPARTM	ENT OF H	EALTH AND MENTAL HYGI	ENE R 6	1 1	0 4	3
		REGISTRAR		CERTIFI	ICATE OF DEATH	REG. NO			
4		CEASED NAME FIRST	MIDDI	7/ /	AST	20 DATE OF DEATH	MONTH DAY	YEAR 2b HO	
2		Maurice	, GALE S	Tate	N		5 30	86 4.	18 AM
	J. SEX		4. RACE	5. DATE O		6 AGE (IN YEARS LAST BIRT	HDAY) IF UN	DERIYEAR IF UNDE	R 24 HRS
		m	W	10	10 23	62	YRS		
2//		RTHPLACE (STATE OR FOREIGN)	76. CITIZEN OF WHAT COUNTRY?	MARRIE	NEVER MARRIED	9. BALTIMORE CITY O	R COUNTY OF	DEATH	
		Ohio		WIDOWE	DIVORCED [Montgo			MD
De C	10 CI	TY OR TOWN OF DEATH .	11. NAME OF HOSPITAL, NURSING	12a USUAL OCCUPATION TO THE OF WORK FOR MOST OF		2b. KIND OF BUSIN NDUSTRY	IESS OR		
278	3	ilver Jorins	HOLY (1055	3 P.D 3 J. L.S.	Service Adv	isor A	utomobile	2	
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Ē	22	me Monta	omery Silver JA	ung	YES NO	1314 DIB	ton K	0 007	03
e e	14. FA	THER'S NAME	AIDDLE LAST		15. MOTHER'S MAIDEN NAM	ME MIDDIE		LAST	
X		Chester	Staten		Beulah		J	enkins	
dico		AS DECEASED EVER IN U.S. ARA	MED FORCES? 166 SOCIAL SECUR	ITY NO.	17 INFORMANT Daug	hter ADDRE	55 2104 W	oodford i	Road
E S	Ye	1 44 4 40	I 296-16-63	50	Patricia G. S	mith Vie	nna. Vi	rginia 2	2180
, #		18 CAUSE OF DEATH (Enter onl	y one cause per lipe for (a), 4b1, and	101.1 A	RURTURED!	Abdom	[NA]	BETWEEN ONSET AN	RVAI D DEATH
even.		PART I. DEATH WAS CAUSED	E CAUSE (0)	AV	PAN AOR	tic ANE	UR VS	m	
ofic o			DUE TO, OR AS, A GONSEQUEN	NCE OF	CARDIOpul	MONARY	1 12	212004	_
E		Conditions, if any, which	(b) home	()	end VIIslate		111		
er †r		gave rise to immediate cause (a), stating the	DUE TO, OR AS A CONSEQUEN	NCE OF	1		75.4		
0		underlying cause last	(ic) Chro		LUNGA	JISEASE	/		
٠, ٥	7	PART 2 OTHER SIGNIFICANT C	ONDITIONS CONTRIBUTING TO DE	EATH BUT	NOT RELATED TO THE TERMI	NAL DISEASE OR CON	ITION GIVEN I	N PART 110	A STATE
5	CERTIFICATION								
500	ICA	190 DATE OF OPERATION	196. CONDITION FOR WHICH C	PERATIO	N WAS PERFORMED	200 AUTOPSY?		ERE FINDINGS USE GCAUSES OF DEA	
30	RTIF					YES D NO	YES V	,	
00		210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEAT	216. TIME OF INJURY HOUR A.M. MONTH DAY	YEAR	21c. HOW INJURY OCCURR	ED (ENTER NATURE OF INJUR	Y IN ITEM 18 PART I	OR PART 2)	
Her	ICA	(IF EITHER NOTIFY MEDICAL EXAMINER)	P.M.	19					
ō	MEDICAL	21d INJURY OCCURRED	21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FAI	RM. ETC)	211 LOCATION STREET	CITY OR TO	WN	COUNTY	STATE
orke		AT WORK AT WORK		_	1/15 01		Voc	5/	
E S			al) attended the deceased from		19 8 5		19 5	that (1)	(we) lost
7 E	100	saw the deceased alive on above. (1) (we) (did) (did not) view the body ofter death.		d that in (my) (our) apinion d	eoth occurred on the dy	re one nous one	1	
I: It Ite		226 SIGNATURE Jans 6	5. Yman	1.	ATTENDING PHYSICIAN	MEDICAL STAF		5/30/8	26
Z A	10	224 PHYSICIAM'S NAME (TYPE OF	(PRINT)	_	22e ADDRESS	100	1 1	en 1 n	0.00
MPOK		MUNIND	- Donan In 1	2	13012 Veirs MIL	read u	Hadon	11 on yeard	20106
		URIAL, CREMATION, REMOVAL SPECIFY)			EMETERY OR CREMATORY	23d LOCATION CITY OR TOWN	D. 0 00	UNTY	STATE
- 0		rial	June 2, 1986 For	t Liv		REC'D. BY REGISTRAN			na
7/B4	24 FL	NEKAL DIRECTOR FRANCE	s J. Collinson Jr		0.0	N A 4000	10. 1	1 763 6	Billia
100	50	v university bl	lvd., W. Silver S	pring	3, ma.	4 1986	gulia Dav	Jacon-Markon	

AND AND A SHARE CHANGE OF THE REAL PROPERTY OF THE PARTY OF THE PARTY

CERTIFICATION

MEDICAL

marked autem 18 shaws

APORTANT: If Item 21 is

0-05922	FOR STATE REGISTRAR	5 0 4 4			
yy be oge 3 deoth	1. DECEASED NAME FIRST OLIVE:	R W. ST	TEINFORT	20 DATE OF DEATH MONTH DAY	2 86 L:15p M
ge 4 moy	3 SEX Male	4. RACE White	5. DATE OF BIRTH 3/17/24		UNDER 1 YEAR IF UNDER 24 HRS.
n 75	BIRTHPLACE (STATE OR FOREIGN		MARRIED NEVER MARRIED WIDOWED DIVORCED	Montgomery	MD.
s ofter d	10 CITY OR TOWN OF DEATH Olney	11. NAME OF HOSPITAL, NURSING	eneral Hospital	The of work for most of working lift. (The of work for most of working lift) (The of work for most of working lift)	126. KIND OF BUSINESS OR INDUSTRY er Riggs Natil
filled in by the pulled be filled.	130. STATE 13b COU	ROTHER INSTITUTION, GIVE RESIDENCE BEFORE A NTY 134. CITY OR TOWN INTROMETY ROCKVILL	1 13d. INSIDE CITY LIMITS?	13e STREET ADDRESS / ZIP CODE 1411 Chesterfie	ld Road 20853
ed within 24 houss of mpletely filled in by on the property of	14. FATHER'S NAME Henry	MDDLE Stefnfor	t Dena Dena		Vries ^{AST}
	160 WAS DECEASED EVER IN U.S. A	RMED FORCES? 16b. SOCIAL SECUR $368-10-4$		einfort same as 13e	
deoth certificate be executations; present the state of control of	18 CAUSE OF DEATH IEnter of PART I. DEATH WAS CAUS IMMEDIA	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH			
ot the cy the cy the coremot	gave rise to immediate couse (0), stoting the underlying cause last	DUE TO, OR AS A CONSEQUEN	NCE OF		

IN CERTIFYING CAUSES OF DEATH? YES [NO 216. TIME OF INJURY 210. ACCIDENT WAS UNDERLYING HOUR A.M. MONTH DAY YEAR 21e. PLACE OF INJURY 211 LOCATION 21d. INJURY OCCURRED CITY OR TOWN COUNTY STATE STREET AT HOME STREET, FACTORY, OFFICE, FARM, ETC.) NOT WHILE 220.1 certify that (I) (this hospital) attended the deceased fram saw the deceased alive on_ abave, (1) (we) (did nat) view the body after death **DEGREE** 22c. DATE SIGNED 22bCSIGNATURE ATTENDING PHYSICIAN MEDICAL STAFF
DIRECTOR PHYSICIAN

230. BURIAL, CREMATION, REMOVAL 5/6/86 Burial

22d. PHYSICIAN'S NAME (TYPE OR PRINT) Donald E. Dillon

23d. NAME OF CEMETERY OR CREMATORY 23d. LOCATION Quantico, "Virginia State Quantico," Virginia State

^{24 FUNERAL DIRECTOR} Tyson Wheeler Funeral Home, Inc. 1331 Rockville Pike, Rockville, Md. 20852

250. DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE

18111 Prince Philip Dr. Olney, Maryland 20832

DHMH - 16 60M 7/B4 (VRA 15, 4)

class control of the second control of the s the second desirable of the second se THE PERSON WAS IN THE PERSON OF THE PERSON O

at the death certificate be executed within 24 hours offer dea	DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201
After the certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 is at the funeral please remove corbin papers. Pager 1 and 2 thistid be filled within 72 haurs after death	SMG PRYSICIAN. The law requires that the death cartificate be executed within 24 having a contemporal physician. After this certificate has been signed by the attending physician and completely filled in by a as the busid-trainst permit. Then please carbon papers. Fages 1 and 2 shapid be file.
	ING PHYSICIAN. The law requires that the death certificate be executed within 24 hours offer death. Page 4 may be an attendate abhasisin.

STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH
1451

1-	STATE REGISTRAR	CERT	IFICATE OF DEATH	REG. NO.	5 0	4 3		
	CEASED NAME FIRST OR PRINT) Marcagi	ret S	tevens	20 DATE OF DEATH MONTH	27 86	1705 M		
1. 567	Temale	Black ?	FOF BIRTH	6. AGE (IN YEARS LAST BIRTHDAY) 7 7 YRS	MONTHS DAYS	IF UNDER 74 HRS HOURS MIN.		
In Bi	PATHOLOGICA TO STATE OF THE STA	U.S.A. WIDO	NED NEVER MARRIED WED DIVORCED	Montgomery		MD		
Ta	Koma Park	NAME OF HOSPITAL NURSING HOME WAS NING TON HOLD	lentist Hosp	170. USUAL OCCUPATION (1YPE OF WORK FOR MOST OF WORK)	DUFE) INDUSTRY OWN F	F BUSINESS OR		
13a. 5	D, C. N/A	THE POSITION OF THE PROPERTY OF THE POSITION O	YES NO NO	130 STREET ADDRESS / ZIP CO	DE 9G19	199		
1	lawrence	Richardson	Annie	MIDDLE	(UNKNOW	N)		
	VAS DECEASED EVER IN U.S. ARME (ES, NO OR UNKNOWN) (IF YES, GIVE W NO	VAR OR DATES)		. Johnson-San		13		
	NB. CAUSE OF DEATH (Enter only of PART I. DEATH WAS CAUSED B IMMEDIATE (4 3 4 - 64 - 1	ory A	frest	BETWEEN O	MATE INTERVAL		
	Conditions, if any, which gave rise to immediate cause (a), stating the underlying couse last.	DUE TO, OR AS A CONSEQUENCE OF (b) 18 Chemic DUE TO, SPAS A CONSEQUENCE OF (c) 18 Chemic A Third	Lest ce ero seferations	ardiomscular	Parct Pisogs	æ		
NON	PART 2. OTHER SIGNIFICANT CON		ia					
CERTIFICATION	190 DATE OF OPERATION	196 CONDITION FOR WHICH OPERAT	ION WAS PERFORMED	200 AUTOPSY? 200 H YES, WERE FINDINGS USED WEET IFYING CAUSES OF DEATH? YES NO YES NO				
MEDICAL CE	?) a ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER)	P.M. 19	AR P	ED (ENTER NATURE OF INJURY IN ITEM T	B PART : OR PART 2}			
MED	21d INJURY OCCURRED WHILE NOT WHILE AL WORK	21e PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.)	211 LOCATION STREET	CITY OR TOWN	COUNTY	STATE		
	22a I certify that (I) (this hospital sow the deceased alive abave, (I) (did not by The Hand (I))	1Day 77 1086	DEGREE PATTENDING	death occurred on the date and h	*	A . A		
	The Physical Control	The IM MO.	PHYSICIAN DE SE	cand Ave	2.209	10		
230	BURIAL CREMATION, REMOVAL		CEMETERY OR CREMATORY	23d LOCATION	DOUNTY	STATE		

GBP. DHMH - 16-60M 7/84 (VRA 15. 4)

24 FUNERAL DIRECTOR

H.S. WASHINGTON+SONS 4925 BURROWS AVE, W. JUN O Y 1800 Julie Deviler House

Margaret Ballet Market N. S. Briefle and Donnell Continue of the Continue of Administration and the Continue of A Service of December 1981 Covered to the state of the state of ALL COLORS OF STREET 2/21/Ex Schooling 2/20 Block Complete - 2 8 5 76 we define which will to the the second of th

TIMORE, MARYLAND 21201	be executed within 24 haurs ofter death. Page	on and completely filled in by the funeral directs	s. Poges I and 2 mould be tiled within 72 hours o
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201	TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the methodenthings be executed within 24 hours ofter death. Page	TO FUNERAL DIRECTOR: After this certificate has been signed by the mending policion and completely filled in by the function direct	should be detached for use as the burial-transit permit. Then please remarks had a middle state a strought be filled within 72 historis or with the State Deat, of Health and Mental Hygiene prior to burial, cremation, or remarkal.
	В	P	

		FOR	DED		OF MARYLAND EALTH AND MENTAL HY	CIENE &b	1 5 0 4 6
	1-	STATE	E. Stewart		ICATE OF DEATH	REG. NO	1 3 0 4 0
16297		CEASED NAME FIRST	MIDDLE	AL.	AST	20. DATE OF DEATH	MONTH DAY YEAR 126 HOUR .
moy be poge 3 er deoth	2 05)	Lett	PRACE E.	5. DATE C	ewayt DEBIRTH 1895	6. AGE IN YEARS LAST BIRT	
ge 4 mo	3. SEX	EWALE	CAUCASIAN		DAY YEAR	Seck 90	YRS DATS HOURS MIN.
eoth. Pog	7a. Bl	RTHPLACE (STATE OR FOREIGN OUNTRY)	Th CITIZEN OF WHAT COUN	MARRIEI	NEVER MARRIED DIVORCED	9 BALTIMORE CITY O Montgom	
s ofter d	TA	KOMA PARK	11. NAME OF HOSPITAL, NI (IF NOT IN SUCH FACILITY, GIVE	ADVENT	11	120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF English T	PON IT WORKING LIFE) 126. KIND OF BUSINESS OR INDUSTRY D.C. Schools
filled #	130 S	AL RESIDENCE (IF NURSING HOUSE TATE	TY 13c. CITY OR	BEFORE ADMISSION) TOWN SPRINK	4.00	6 MIDHURS	ZIP CODE TRD 20910
and within	14 FA	THER'S NAME Ethelbert		wart	Lettie	WIDDLE	Cox
oe execut		VAS DECEASED EVER IN U.S. ARI LIF YES GIVE NO		SECURITY NO. 4-4396	Anne D. St	ewartson Sam	e as item # 13
maneri, the		18 CAUSE OF DEATH (Enter on PART I. DEATH WAS CAUSED IMMEDIAT	ly ane cause per line far (a), (l) BY: E CAUSE (d)	- V	rock due f	5 massive V	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
B of a series	z		DUE TO, OB AS A CONS	EQUENCE OF	tery disease	1 .	
by the by the cost of the cost of the trought		Conditions, if any, which gave rise to immediate couse (a), stating the underlying cause last.	DUE TO, OR AS A CONS	1	lery disease		
uires tha signed by en pleas burial, ury, or o		PART 2 OTHER SIGNIFICANT C	ONDITIONS CONTRIBUTING	G TO DEATH BUT	NOT RELATED TO THE TER	MINAL DISEASE OR CONF	DITION GIVEN IN PART TIO
n. nos been s permit. The	CERTIFICATION	190 DATE OF OPERATION	19b. CONDITION FOR W	HICH OPERATIO	N WAS PERFORMED	200 AUTOPSY?	20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES \(\sum \) NO \(\sum \)
SICIAN: The organization of physicion certificate Fridal-transit entol Hygie frem 18		218. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA	TH HOUR A.M. MONTH	DAY YEAR	21c HOW INJURY OCCU	IRRED (ENTER NATURE OF INJUR	
S PHYSIC intrending or this ce the buric ond Men ked or life	MEDICAL	(IF EITHER NOTIFY MEDICAL EXAMINER) 21d INJURY OCCURRED WHILE NOT WHILE AT WORK	P.M. 21e PLACE OF INJURY (AT HOME STREET, FACTORY, O		211 LOCATION STREET	CITY OR TO	WN COUNTY STATE
TENDING ital or of OR: Afte or use as or use as if Health		22a. I certify that (I) (this haspit sow the deceased alive an	5 5 56	/	nd that in (my) (aus)-opinia	, ta	that (I) (we) lost that and haur and from the couses stated
the hasp L DIRECT toched for e Dept. a		above, (I) (we) (did) (did not	The wied the body offer death.		DEGREE ATTENDING PHYSIÇIAN	MEDICAL STAF	221. DATE, SIGNED
TO HOSPITAL retained by the TO FUNERAL should be detected with the State IMPORTANT: If		22d. PHYSICIAN'S NAME (TYPE O	RPRINT) HO M.D		22e ADDRESS 7611		Takoma Park md
Bb Sho of sho		BURIAL, CREMATION, REMOVAL SPECIFY Burial	23b. DATE 5/8/86	Glenwo	EMETERY OR CREMATORY		14
DHMH - 16 60M 7/B4 (VRA 15, 4)	24. FI	NAME 5130 WI AVE	Gawler's Sor	E 20016	25a. D.	AY 0 9 1966	25 REGISTRAR'S SIGNATURE

tremet. State a minoral .i. rodono dell' 0 Line method one continues at our . The sales Market and a shall the

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 206. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES 🗌 NO [21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) COUNTY STATE 00 , and that in (my) (aur) apinion deoth accurred on the dote and hour and Iram the causes stated 22c. DATE SIGNED should be detac DIRECTOR PHYSICIAN MPORTANT: 23a. BURIAL, CREMATION, REMOVAL 23c. NAME OF CEMETERY OR CREMATORY CITY OR TOWN [SPECIFY] Germantown, Montq. Burial 5-8-86 Asbury Church Cem. 25a. DATE REC'D. BY REGISTRAR 25b. REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR 246 New Washington Rockville, MD 20850 George R. Snowden (VRA 15, 4)

STATE OF MARYLAND

12b. KIND OF BUSINESS OR

DHMH - 16 50M 4/83

Carry of Carry TERMINAL HEART FRIENCE, BIVENIEW WAR PROCESSAL FRIDARS CHESTHUCTURE PULLMONNELL DISCHES SHOWE IT SHOWER JOHN MOULEING MID

A SUNCTON, HEATHER 18730 GOVERNOUS CONT. SCHOOLS HER

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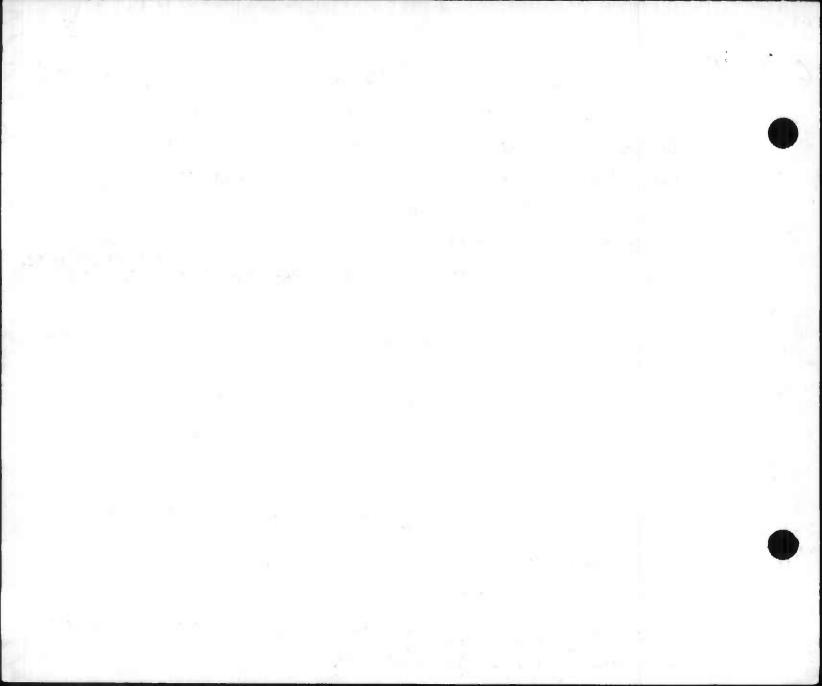
STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

8	6	NO.	1	5	0	4	9
	KLO.	140.					

06928	1.	STATE REGISTRAR		VEFAKIA		FICATE OF DEATH	8 6 REG. N	0.	5 0	4 4
1		CEASED NAME FIRST		WIDDLE		LAST	2a. DATE OF DEATH	MONTH DAY	YEAR	26 HOUR
15 TA		MAR		STRAUCH			MAY 6 198			11:22 ^
at D	3. SE	× 'EMALE	4 RACE CAUCASI	AN	5. DATE	DF BIRTH LY 20° 1926 AR	6. AGE (IN YEARS LAST BIR	YRS	UNDER I YEAR	HOURS MIN.
12 7 1		RTHPLACE (STATE OR FOREIGN	76. CITIZEN OF	WHAT COUNTRY?	8.		9 BALTIMORE CITY OR COUNTY OF DEATH			
eoth.		NNESOTA	UNITED	STATES	WIDOW	D NEVER MARRIED U	MONTGOM	ERY		AAI
1		TY OR TOWN OF DEATH	11. NAME OF	11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) NAVAL HOSPITAL			126. USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFE) HOME MAKER 126. KIND OF BUSINESS OF WORKING LIFE) INDUSTRY HOME			
36	USU 13a. S	AL RESIDENCE (IF NURSING HOME OF			ADMISSION)	136. INSIDE CITY LIMITS?	13e STREET ADDRESS	/ ZIP CODE	DIVE	20057
180	_	THER'S NAME	JUILKI	POTOMA	,	YES NOX	11511 DE	BURAH D.	KIVE	20854
151	2	VICTOR E.	ERICKSO	N LAST		FIRST	E GERTRUDE		LAS	т
redical		VAS DECEASED EVER IN U.S. AF YES, NO OR UNKNOWN) (IF YES, GI	MED FORCES? VE WAR OR DATES)	16b SOCIAL SECU		17 INFORMANT	ADDR			-
he n				1470-26-2		STEPHEN T.STR		DEBURA		
T T		18 CAUSE OF DEATH (Enter of PART I. DEATH WAS CAUSE	nly one couse pe DBY:	CARDIOVAS	d (c).)		MD 20854		BETWEEN	MATÉ INTERVAL ONSET AND DEATH
L)	NO	PART 2. OTHER SIGNIFICANT	CONDITIONS C	~		F THE LIVER	inal disease or con	DITION GIVEN	IN PART 110	
rgiene prior shows ony	CERTIFICATION	19a. DATE OF OPERATION	19b COND	19b. CONDITION FOR WHICH OPERATION WAS PERFORMED			200 AUTOPSY?	20b. IF YES, W IN CERTIFYIN	NG CAUSES	GS USED OF DEATH?
tentol Hygin		21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE	ATH HOUR A	DF INJURY .M. MONTH DA .M.	AY YEAR	21c. HOW INJURY OCCURR			2.0	
ond Me	MEDICAL	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK	21e PLACE	OF INJURY REET, FACTORY, OFFICE, F		21f LOCATION STREET	CITY OR TO)WN	COUNTY	STATE
of Heolit		22a.1 certify that (I) (this hasp saw the deceased alive or above, (I) (we) (djd) (did ga			06	JARY 20 , 19 8 nd that in (my) (our) opinion d	6, to MAY	. 17		that (I) (we) los
detoched f fote Dept. o		226. SIGNATURE	y; view the body	orter death.	m	DEGREE ATTENDING PHYSICIAN	MEDICAL STA		22c. DATE	MM 82
should be determined with the Stote		22d. PHYSICIAN'S NAME (TYPE	OR PRINT)				HOSPITAL,		MEDICA	L'EOMMA
WPO!		J. H. EDMUNI				NATIONAL CAP		N, BETH	ESDA,	MD 2081
. 21	230. 1	BURIAL, CREMATION, REMOVAL Burial	236. DATE 5-12-			ew Cemetery	23d LOCATION CITY OF TOWN Aitki	n, Ait	kin,	Minn.
60M 7/84	24 F	JNERAL DIRECTORS tron	son-Roc	ot-Brenn	y F.	H. 25g DATE	REC D BY RECUSTRAR			
RA 15, 4)	31	Minnesota A	ve, S.	, Aitkin	, Min	n 56431			The second second	Top or

	1-	FOR STATE REGISTRAR	DEP	ARTMENT OF HE	OF MARYLAND ALTH AND MENTAL HYG CATE OF DEATH	FIENE 8 6	! 5	05	0
00-84155		CEASED NAME FIRST AL	WIDDLE	Suc	RAK	20. DATE OF DEATH MO	5- 29-	86 9	BUBY M
ector, po	3 SEX	Female	ASIAN	5. DATE O	BIRTH 3/1 -/5	6. AGE (IN YEARS LAST BIRTHD	YRS.	S DAYS HOURS	DER 24 HRS
divocity	The	RTHPLACE (STATE OR FOREIGN OUNTRY)	Thailand	WIDOWE		1 10 11	Romer	7	MD.
So the fr	Si	Ver Spring	11. NAME OF HOSPITAL, NI (IF NOT IN SUCH FACILITY, GIVE	STREET ADDRESS)	HOSP	120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF W HOUS EWIGE		L KIND OF BUSI	INESS OR
AND 217	130. S	nd m	NTY IBC CITY OR	TOWN	13d. INSIDE CITY LIMITS? YES NO		IP CODE WNIS	Ave	20902
1000		THER'S NAME FIRST Manat	MIDDLE LAS	па	15 MOTHER'S MAIDEN NA FIRST Leane 17 INFORMANT	WIDDLE	Sa	ithong	
De seed	(4	Vo	213-6			Son Wheato		ittleto 20906 APPROXIMATE IN BETWEEN ONSET A	
ST. #		18 CAUSE OF DEATH (Enter of PART I. DEATH WAS CAUSE IMMEDIA	nly ane cause per line for (a), (l ED BY: (TE CAUSE (a)	hac a	rest			BETWEEN ONSET A	ND DEATH
hot the deput		Conditions, if ony, which gove rise to immediate cause (a), stating the underlying cause last.	DUE TO, OR AS A CONS	te migi	residul in	farction		? 1 ho	ren
te low Triterson. on. has been signed permit. Then ple ne prior to burno was ony injury, or	CERTIFICATION	PART 2 OTHER SIGNIFICANT COMPOSITIVE 190 DATE OF OPERATION	conditions contributions dure, atricl	fi brillat	in severe this		pulsusn	RE PHIDINGS US CAUSES OF DE	ISED
Iter (an The and The and	MEDICAL CERT	210. ACCIDENT WAS UNDERLYING COR CONTRIBUTING CAUSE OF DE (IF ETHER, NOTIFY MEDICAL EXAMINE 214 INJURY OCCURRED		19	21c. HOW INJURY OCCUR	RED (ENTER NATURE OF INJURY I	**		
DIVISION FOR ADINATION OF A STREET TO THE ADINATION OF A STREET AND A	ME	WHILE NOT WHILE DAT WORK 270.1 certify that (1) this hosp	(AT HOME, STREET, FACTORY) o	ram OU		city OR TOWN	. 19_4		STATE (we) last
at OR ATTER the hospital at DIRECTOR etoched for the Dept of the D		22b. SIGNATURE	n		DEGREE ATTENDING	MEDICAL STAFF DIRECTOR □ PHYSICIA	1	from the causes 22c. DATE SIGNE 5/29/86	ED
TO HOSPITA etoined by TO FUNERA should be di		22d. PHYSICIAN'S NAME (TYPE WILLIAM H.	OR PRINT)			TIVE BLUD,		LE, MD	
BP		BURIAL, CREMATION, REMOVAI SPECIFY Cremation UNERAL DIRECTOR Franc NAME			itan Crematory	23d. LOCATION CITY OF TOWN ALEXANDRIA TERECTO. BY REGISTRANIZE	cou	Virgin	ria
DHMH - 16 50M 4/83 (VRA 15, 4)	50	O University B	us J. Collins. Lud. W. Silve	r Sprina	. Md.	IUN 4 1986	Julia Dav		della



STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

DHMH - 16 60M 7/84 (VRA 15, 4)

24 FUNERAL DIRECTOR Joseph Gawler's Sons, 5130 Wis.Ave.N.W., Wash. D.C.

Cedar Hill

5-31-86

Cremation

Suitland

Prince Gorges s. Md.

22c. DATE SIGNED

2:20p M

126 KIND OF BUSINESS OR

Credit Union

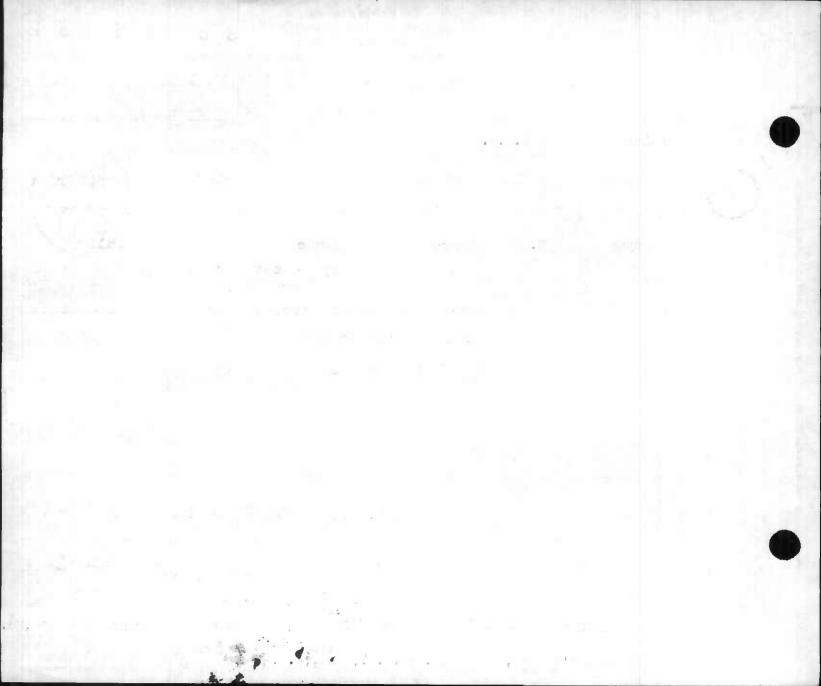
APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

immediate

STATE

2 weeks

IF UNDER 1 YEAR



	FOR	DEPARTMENT OF HEALTH AND MENTAL HYGIENE						
1	- STATE REGISTRAR		CERTIFICATE O	FDEATH	Ö Ö REG. NO	o. [2	900	
	ECEASED NAME FIRS	Earl L.	Taise	ev	May 21,	MONTH DAY YEAR	R	
3. 51	Male	1 RACE Caucasian	S. DATE OF BIRTH Oct. 17,	,	6. AGE (IN YEARS LAST BIR	THDAY) IF UNDER 1 Y	_	
72.5	ONTHPLACE (STATE OR FOREIG	N 76. CITIZEN OF WHAT COUN United Stat	TRY3 8.		BALTIMORE CITY O			
Po	olesville	11. NAME OF HOSPITAL, NU (IF NOT IN SUCH FACILITY, GIVES 18511 Darne	IRSING HOME OR OTHER IN STREET ADDRESS) STOWN ROAD		126. USUAL OCCUPATE (TYPE OF WORK FOR MOST O OWNER	ION 126. KIN	ıc	
2 Ma	ryland Mo	one or other institution give residence in the county on the control of the contr	sville YES			_{/ ZIP CODE} 208 rnestown	3	
50		Clifton Taise	еу .	R'S MAIDEN NAM Ada	Bell		C	
/ 160	WAS DECEASED EVER IN U. (YES, NO OR UNKNOWN) (IF Y		3-0743 Line			same as #		
	PART I. DEATH WAS C	ter only one couse per line for (a), (b AUSED BY: EDIATE CAUSE (a)		Nee	R	BETW		
z	Conditions, if ony, white gaye rise to immedia cause (a), stofing the underlying cause to PART 2. OTHER SIGNIFIC.	te DUE TO, OR AS A CONSI	EOUENCE OF	ED TO THE TERMI	NAL DISEASE OR CONI	DITION GIVEN IN PAR		
CERTIFICATION	19s DATE OF OPERATION	196. CONDITION FOR WI	HICH OPERATION WAS PER	FORMED	286 AUTOPSYT	206. IF YES, WERE FIN IN CERTIFYING CALL YES [7]		
A .	21st ACCIDENT WAS UNDERLYED ON CONTRIBUTING CALIF. OF EITHER, NOTEY MISSICAL EX-	OF DEATH HOUR A.M. MONTH	DAY YEAR 21/2 HOW	INJURY OCCURRI	ED (enter variation or make	IT IN IT IN IS PART I DEPART	TH Y Y INDESTRI	
MEDICAL	214 INJURY OCCURRED WHILE AL HOLWHILE D AL HORSE	21st PLACE OF INJURY 1A1 HOME STREET, FACTORY, OR	PICE FAMILETC 711 LOCA		city de to	wu (Quith		
		hospital) attended the decrosed for we on MACA Society and seath.	19.56, and that in In	19 85 ny) (our) opinion d	oth occurred on the do	and the second second second	_	
	1.	Joelo	DEGREE	ATTENDING X	MEDICAL STAF	IAN May		
1	Stephen N	M. Hellman, M.	D/.	Rockv	Montrose ille, Mar	Road yland 20	H Y V V V V V V V V V V V V V V V V V V	
23a	BURIAL, CREMATION, REMO	DVAL 236. DATE May 24	23c. NAME OF CEMETERY O	R CREMATORY	23d. LOCATION	COUNTY	18	

1986

Parklawn Mem. Park

PATION 126. KIND OF BUSINESS OR OST OF WORKING LIFE) Dry Cleaners 20837 _{ss/ziP CODE} 20837 Darnestown Road LAST 11e Mox same as #13 APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH o mo ONDITION GIVEN IN PART 115 204, IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES [] PUBLISH ON FIDAL 18: PART 1 DW PART 21 withins EQUINT MARE e date and hour and from the causes stated 22s. DATE SIGNED STAFF May 21,1986 YSICIAN e Road aryland 20852 23d. LOCATION Rockville, Maryland 300 West Montgomery Ave. Rockville, MDPA MAY 22 1986

IF UNDER 1 YEAR

26 HOUR

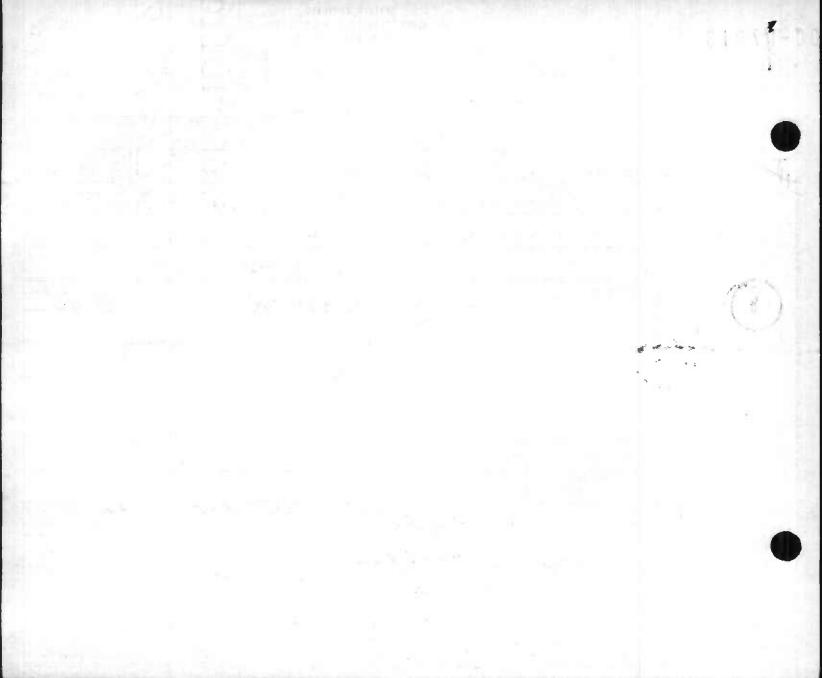
8:00a

IF UNDER 24 HRS

DHMH - 16 60M 7/84 (VRA 15, 4)

BP.

(SPECIFY)Burial



The state of the s Marchael Con board of Superior Mester the same of

STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE 1 - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR REG NO I. DECEASED NAME 20. DATE KNOWN CTYPE OR PRINTE DEATH MATE DATE OF 6. AGE (IN YEARS IF UNDER 24 HRS DATE PRONOUNCED DEAD 9 BALTIMORE CITY OR COUNTY 70 BIRTHPLACE MARRIED NEVER MARRIED I CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION SUAL RESIDENCE 3a STATE 14 FATHER'S NAME MØTHER'S MAIDEN NAME FIRST 16e. WAS DECEASE VER IN U.S. ARMED FORCES? IYES, NO. OR UNKNOW LIF YES GIVE WAR OR DATES) APPROXIMATE INTERVAL ALONG W 18 CAUSE OF DEATH (Enter only one cause per line for (a). BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY MENTAL HYGIENE N. OR REMOVAL IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gave rise to immediate couse (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF ED AS A BURIAL-HEALTH AND MEI AL CREMATION, O lying couse last. DIVISION OF VITAL RECORDS. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO GEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 IO CERTIFICATION USED AS 19a. DATE-OF OPERATION 196. CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? ICATE, WRITING THE WORD "I E FORWARDED TO THE CHIEF TOR: PAGE 3 SHOULD BE USED THE STATE DEPARTMENT OF AND, 21201 PRIOR TO WHAM NO DE YES 21a EXTERNAL CAUSE WAS 216 TIME OF INJURY 21c HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR UNDERLYING OR CONTRIBUTING CAUSE OF DEATH 21d, INJURY OCCURRED 218 PLACE OF INJURY (AT HOME, 211 LOCATION AT WORK AT WHILE EXECUTE THE CERTIFICATE, WRITH PAGE 4 SHOULD BE FORWARDEL TO FUNERAL DIRECTOR, PAGE 3 AFTER DEATH, WITH THE STATEMENT OF THE STREET, FACTORY, FARM, ETC.) STREET CITY OR TOWN STATE COUNTY 22a. I certify that I took charge of the remains described above, held an Inspection Autopsy and in my apinian Undetermined manner death resulted from:____ Natural causes Accident Hamicide L TITLE (SPECIFY) ACTUAL SIGNATURE MEDICAL EXAMINER EXAMINER'S NAME (TYPE OR PRINT) 23d. LOCATION 230 BURIAL CREMATION REMOVAL 236 DATE 23c. NAME OF CEMETERY OR CREMATORY COUNTY STATE Balto. Washington Laurel 07/84 BP 25M **DHMH** - 17 (VR A15 ME (5))

Judger - Marchen Holes (130)

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE MEDICAL EXAMINER'S CERTIFICATE OF DEATH O REGISTRAR REG. NO DECEASED NAME 20 DATE KNOWN (TYPE OR PRINT) OF DEATH MATED 3 SEX 4 RACE 6. AGE (IN YEARS IF UNDER 1 YR. IF UNDER 24 HRS. DATE YEAR PRONOUNCED DEAD BALTIMORE CITY OF COUNT MARRIED | NEVER MARRIED | Virginia S DIVORCED 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL NURSING HOME, OR OTHER INSTITUTION OR INDUSTRY FOR MOST OF WORKING LIFET Homemaker Own home 13a STATE 13d INSIDE CITY LIMITS? 13c STREET ADDDE 14. FATHER'S NAME 15 MOTHER'S MAIDEN NAME MIDDLE Lewis Burke Esta Hottle May 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT 1415 Pennington Ct. 16b SOCIAL SECURITY NO. (YES, NO, OR UNKNOWN) LIF YES, GIVE WAR OR DATES! 213-48-5935 No Taylor-Edgewater, Md. 21037 John W. 18. CAUSE OF DEATH (Enter only one couse per line for (g), (b), and (c).) PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (6) DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which N BURIAL - TRANS H AND MENTAL MATION, OR RE gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying couse last. DIVISION OF VITAL RECORDS, PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 to ED AS A HEALTH CERTIFICATION USED / 190 DATE OF OPERATION 19h CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? TO MEDICAL EXAMINER: THIS CERTIFICATE SHOULI EXECUTE THE CERTIFICATE, WRITING THE WORD "PROFE 4 SHOULD BE FORWARDED TO THE CHIEF TO FUNERAL DIRECTOR: PAGE 3 SHOULD BE USED AFTER DEATH, WITH THE STATE DEPARTMENT OF HEALTIMORE, MARYLAND, 21201 PRIQR TO BURIAL, YES NO 21a. EXTERNAL CAUSE WAS 216. TIME OF INJURY 21c HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR UNDERLYING CONTRIBUTING CAUSE OF DEATH 21d. INJURY OCCURRED 21e PLACE OF INJURY (AT HOME, II LOCATION STREET, FACTORY, FARM, ETC.) STREET WHILE CITY OR TOWN COUNTY STATE WHILE AT WORK 22a I certify that I took charge of the remains described above, held an Autopsy Inspection Natural causes death resulted from: Accident Suicide Hamicide Undetermined manner TITLE (SPECIFY) **ACTUAL** John S. Roger Seminary Dr., S. S., Md. 730 BURIAL, CREMATION, REMOVAL 236 DATE 73c. NAME OF CEMETERY OR CREMATORY 23d LOCATION Burial 5/27/86 Ft. Lincoln Brentwood. 07/84 BP P. G. 25M 24 FUNERAL DIRECTOR 250-DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE **DHMH - 17** Takoma Funeral Home-Wash., D. C. 20012 (VR A15 ME (5)) المالك المالك المراوي المالك ا



TYSE SE SENTETE DESCRIPTION OF REALING M. J. Salah - CIBIA- Currendon Service - Corola

	-
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201	
	0
TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours after death. Fage 4 may be	5
retained by the haspital or attending physician.	g
TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and comparish and make a storil page 3 control to a storil page 1 to a storil	8
with the State Dept. of Heolth and Mental Hygiene prior to burial, cremation, or removal.	2

1 - FOR STATE REGISTRAR

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE **CERTIFICATE OF DEATH**

4		Para.	25	3
3	0	2	U	
	REG. NO.			

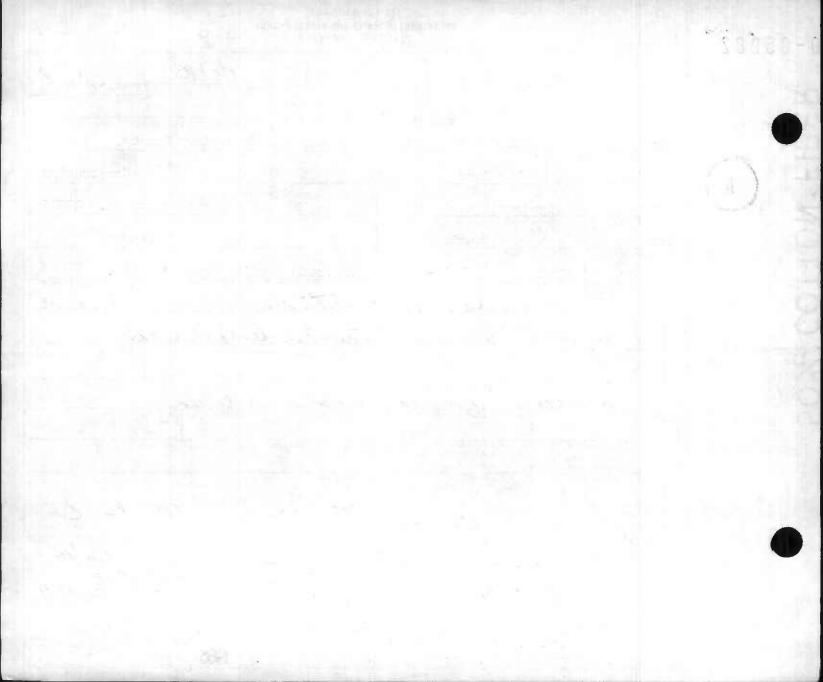
100										
	CEASED NAME FIRST		MIDDLE		AST	20. DATE OF DEATH	MONTH [DAY YEAR	2b HOUR	R
	Willard		John	reu	nis	5/5/h	5		500	PM
3. SE		4 RACE		5. DATE C	OF BIRTH	6. AGE (IN YEARS LAST BIR	THDAY)	IF UNDER I YEAR	IF UNDER 2	24 HRS
М	ale	Caucas	sian	Dec.	27 1895	90		ONTHS! DAYS	HOURS	MIN.
	IRTHPLACE (STATE OR FOREIGN		WHAT COUNTRY?	8.		9 BALTIMORE CITY O	R COUNTY	OF DEATH		
7	COUNTRY)				D X NEVER MARRIED	_	_			
	ichigan ITY OR TOWN OF DEATH		States	WIDOWE	DR OTHER INSTITUTION	Montgomer			E BLICK IE	MD.
V	III OK TOWN OF DEATH	(IF NOT IN SUC	CH FACILITY, GIVE STREET	AOORESS)		(TYPE OF WORK FOR MOST C				
	ensington		Farragut		e	Builder		Const	rutio	n
13a.	AL RESIDENCE (IF NURSING HOME OF		GIVE RESIDENCE BEFORE		134 INSIDE CITY LIMITS?	13e.STREET ADDRESS	7IP CODE			
M		gomery	Kensingt		YES NO X	3710 Farra	gut Av	renue.	2089	95
The second second	ATHER'S NAME				15 MOTHER'S MAIDEN NAM					
Гп	erman	MIDDLE	reunis		Ida FIRST	MIDDLE	Ba	uwman	Ť	
ALC: UNKNOWN	WAS DECEASED EVER IN U.S. AR		16b. SOCIAL SECU	RITY NO	17 INFORMANT	ADDRE			-	
200		E WAR OR DATES	F 77 10 1	015	The Marrie T	ounda Camo	00 #	120		
	Yes WW	<u> </u>	577-18-1	213	Edna Marie T	eunis same	as #			
100	18. CAUSE OF DEATH (Enter of	nly one couse per	line for 101, (b) one	diçu	0-20			BETWEEN	MATE INTERV	DEATH
	PART I. DE ATH WAS CAUSE	TE CAUSE (a)	Carrolla	00 0	Virkelle de	a'		701	ale	A
1	Marie									
		DUE TO, O	R AS ACONSEQUE	NCE OF	1-1-1	lung de				
1	Conditions, if any, which	(b)_	muye	e or	spreedove	ung ou	11BX	30		
	gove rise to immediate couse (a), stating the	gave rise to immediate couse (a), stating the DUE TO, OR AS A CONSEQUENCE OF								
	underlying cause last.	1000 10,0	KAS A CONSEQUE	INCE OF						
	DART O OTHER SICALIES AND	(c)	ON TRIBUTANCE TO S	VE A THE BUILT	NOT DELL'ATED TO VIJE TERM	Discuss ob coul	DITION LONG			
z	PART 2. OTHER SIGNIFICANT	CONDITIONS	ONIKIBUTING TO	C BUT	NOT RELATED TO THE TERM	INAL DISEASE OR ON	DITION GIVI	EN IN PART TIE	1	
CERTIFICATION	Pelechan	ers e	averte	CAR	acocarces.	medera	Inni ir vrc	WERE ENDIN	105 11650	
Į Š	190 DATE OF OPERATION 406. CONDITION FOR WHICH OPERATION WAS PERFORMED 200 AUTOPSY?					ZUG AUTOPST?	20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH?			
] 🗒						YES NO	YES		NO 🗆	
G	210. ACCIDENT WAS UNDERLYING		FINJURY M. MONTH DA	V VEAD	21c. HOW INJURY OCCURE	ED (ENTER NATURE OF INJU	RY IN ITEM 18 P	ART I OR PART 2)		
¥	OR CONTRIBUTING CAUSE OF DE.	NIH.	M. MONTH DA	19						
MEDICAL	21d. INJURY OCCURRED	21e. PLACE		17	211 LOCATION					
M	WHILE NOT WHILE	(AT HOME ST	REET, FACTORY, OFFICE, F.	ARM, ETC }	STREET	CITY OR TO	WN	COUNTY	51	TATE
	AT WORK AT WORK				(15.65 011		~11	0.7	-	
	22a.1 certify that (I) this hosp		117	0/	1125 1984	, to	3/1	19 6	the (11 ()	ve) lost
	sow the deceased alive or above, (1) (we) (did) (did no	view the bady	ofter death.	, 01	nd that (my) our) opinion o	death occurred on the di	ate and hour	and from the	couses sta	ted
	226. SIGNATURE		/		DEGREE			22c DATE	SIGNED	
	KALINI	enolo,	mark.	dui	ATTENDING PHYSICIAN I	MEDICAL STAI		5/4	186	
-	22d. PHYSICIAN'S NAME (TYPE	OR PRINT)	cery,	4.	122e ADDRESS 777	O FAAD	ACLE	1111	/-	
			4		3/2	- HRKU	1001	AVE	- 00	-0
	B.N. ROSE	MUTUN	7		KEN	SMGTON	1 1	V- 20	281	1
	BURIAL, CREMATION, REMOVAL	23b DATE	23c N	AME OF C	EMETERY OR CREMATORY	23d LOCATION		COUNTY		ATE
	[orecord]	1				CITORIOWN		COUNTY	51	MIE
	Cremation	May 7,	1986 Me	tropo	litan Cremato	ry Alexand	ria	Viro	inia	

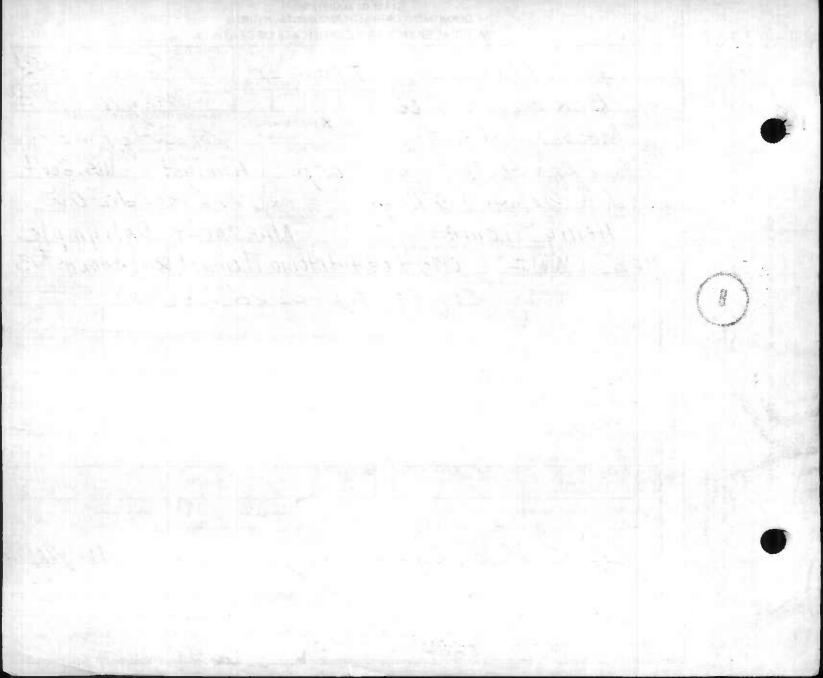
PA 300 W. Montgomery Ave. Rockville, Maryland

DHMH - 16 60M 7/B4 (VRA 15, 4)

BP.

IMPORTANT: If Item 21 is morked or Item 18 shows any injury, or ather troumatic event, the m





FOR

REGISTRAR DECEASED NAME

- STATE

(TYPE OR PRINT)

Own Home 20854 13e.STREET ADDRESS / ZIP CODE 8042 Inverness Ridge Road Finch ADDRESS same as 13e TO THE TERMINAL DATASE OR CONDITION GIVEN IN PART IN CERTIFYING CAUSES OF DEATH? City OF LOWIN CUENTY STATE ed that in (my) (e) opinion death occurred in the date and hour and from the causes stated ATTENDING MEDICAL STAFF
PHYSICIAN ADDRECTOR PHYSICIAN 22e ADDRESS 8218 Wisconsin Ave. 20814 Bethesda, Maryland 23a. BURIAL, CREMATION, REMOVAL 23b. DATE Virginia 1986 Metropolitan Crematory Alexandria DHMH - 16 60M 7/84 300 West Montgomery Ave. Rockville, Maryland (VRA 15, 4)

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

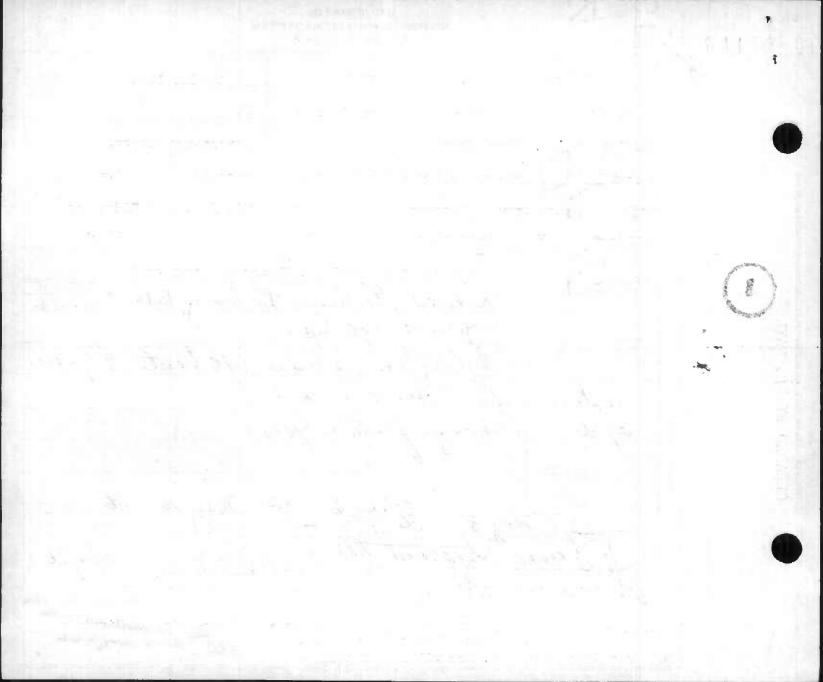
2a DATE OF DEATH MONTH

2h HOUR

12h, KIND OF BUSINESS OR

INDUSTRY

9:30A M



Wheaton Manor Care Nursing Center Type of work for most of working (life) INDUSTRY	0 6 0
JEANETTE TRATEN May 28, 1986 3. SEX 4. RACE 5. DATE OF BIRTH March 7, 1899 8. AGE (INTERASLASI BRITHDAY) March 7, 1899 9. BALTIMORE CITY OR COUNTY OF DEATH WIDDING DAYS MARRIED NEVER MARRIED NEVER MARRIED Montgomery 10. CITY OR TOWN OF DEATH WIDDING HOME OR OTHER INSTITUTION WHO AT OWN OF DEATH WHO AND CARE NOTHER INSTITUTION Manor Care Nursing Center USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION GIVE RESIDENCE BROWLES BOOKE BROWLES ADMISSION) Manor Care Nursing Center USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION GIVE RESIDENCE BROWLES ADMISSION) Maryland Montgomery Bethesda 15. MOTHER'S MAIDE NAME RESIDENCE (IF NURSING HOME OR OTHER DAYSITUTION GIVE RESIDENCE BROWLES AND DEATH (INTERASLASI BRITHDAY) 16. CAY STATE 18. COUNTY 120. KINDO WAS DECEASED EVER IN U.S. ARMED FORCES? 18. SOCIAL SECURITY NO. 19. STREET ADDRESS / ZIP CODE RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION GIVE RESIDENCE BROWLES AND DEATH (INTERASLASI BRITHDAY) 19. STATE 10. COUNTY OF DEATH WAS CAUSE OF WORKING (IF) 120. KINDO WAS DECEASED EVER IN U.S. ARMED FORCES? 10. SOCIAL SECURITY NO. 11. INFORMANT ADDRESS 11. INFORMANT ADDRESS 12. STREET ADDRESS / ZIP CODE RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION WAS STREET ADDRESS / ZIP CODE RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION WAS STREET ADDRESS / ZIP CODE RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION WAS STREET ADDRESS / ZIP CODE RESIDENCE RESIDENCE BROWLES AND DECENSION OF WORKING (IF) 120. KINDO RESIDENCE RESIDENCE BROWLES AND DECENSION OF WORKING (IF) 120. KINDO RESIDENCE RESIDENCE BROWLES ADMISSION (INTERASLAS ADMISSION OF WORKING (IF) 120. KINDO RESIDENCE RESIDENCE BROWLES ADMISSION (INTERASLAS ADMISSION OF WORKING (INTERASLAS ADMISSION OF WORKING (INTERASLAS ADMISSION O	2b. HOUR
S. DATE OF BIRTH S. DATE OF BIRTH MONTH DAY YEAR MONTHS DAYS DATE YEAR MONTHS DAYS DATE DAYS DATE DATE DAYS DATE	9:15am
Female White March 7, 1899 BRITHPLACE (STATE OR FOREIGN COUNTRY) Minnesota USA WIDOWED (X) MONTED NEVER MARRIED NEVER MARRIED MONTEGEN	IF UNDER 24 HRS
Minnesota USA WIDOWED NO VER MARRIED Montgomery II. CITY OR TOWN OF DEATH Wheaton Wheaton Widowed North Such Facility, Give sirkes Laddess) Manor Care Nursing Center USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION OF WORKING (IFE) INDUSTRY Maryland Montgomery Maryland Montgomery III. SCOUNTY Maryland Montgomery III. MOTHERS MADE FIRST MIDDLE LAST FIRST MIDDLE Residor Rose Caryl Fisher; 2711 Weller Road; Who III. CAUSE OF DEATH (Enter only one couse per line for ca), (b), and (c) PART 1. DEATH WAS CAUSED BY FOR Conditions, if ony, which gove rise to immediate couse (a), stoting the underlying cause last. PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I.	HOURS MIN.
Minnesota USA WIDOWED \ DIVORCED	
Wheaton Wheaton Wheaton Wanor Care Nursing Center USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION. GIVE RESIDENCE BEFORE ADMISSION) 13a. STATE 13b. COUNTY Manyland Montgomery Bethesda 15 MOTHER'S MAIDEN NAME FIRST Julius Residor Rose FIRST NO 17. INFORMANT ADDRESS YES, NO OR UNKNOWN) 18 CAUSE OF DEATH (Enter only one couse per line for 10), (b), and (c) PART 1. DEATH WAS CAUSED BY IMMEDIATE CAUSE (b) DUE TO, OR AS A CONSEQUENCE OF PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I. PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I. PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I.	MD.
Wheaton Manor Care Nursing Center USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION) ISO COUNTY INFORMANT ADDRESS Caryl Fisher; 2711 Weller Road; Who ISO COUNTY INMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF Underlying couse lost. DUE TO, OR AS A CONSEQUENCE OF OUT TO, OR AS A CONSEQUENCE OF DUE TO, OR AS A CONSEQUENCE OF OUT TO, OR AS A CONSEQUENCE OF OUT TO, OR AS A CONSEQUENCE OF PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART IS	F BUSINESS OR
136 COUNTY 136 COUNTY 136 COUNTY 136 INSIDE CITY LIMITS? 136 STREET ADDRESS / ZIP CODE 8516 Bradmoor Dr 14 FATHER'S NAME 15 MOTHER'S MAIDEN NAME 16 MODE 16 MODE 17 INFORMANT 18 CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c) 17 INFORMANT 18 CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c) 18 CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c) 18 CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c) 18 CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c) 18 CAUSE (a), which gave rise to immediate couse (a), stating the underlying couse last. 18 CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c) 18 CAUSE (b), which gave rise to immediate couse (b), stating the underlying couse last. 18 CAUSE (b) 19 CAUSE (c) 19 CAUSE (c	iques
Maryland Montgomery Bethesda Maryland Montgomery Bethesda YES X NO	
Julius Residor Residor Rose Elfi 166 SOCIAL SECURITY NO. 17. INFORMANT ADDRESS NO 18 CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c) PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF Que rise to immediate cause (a), stating the underlying cause last. DUE TO, OR AS A CONSEQUENCE OF PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I.	. 20814
Julius Residor Rose Elfi 160 WAS DECEASED EVER IN U.S. ARMED FORCES? (YES, NO OR UNKNOWN) (IF YES, GIVE WAR OR DATES) NO 578-46-5906 Caryl Fisher; 2711 Weller Road; Who PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF Queer rise to immediate cause (b), stoting the underlying cause last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I.	1
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NO 578-46-5906 Caryl Fisher; 2711 Weller Road; Who 18 CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c) PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF Queer rise to immediate cause (a), stating the underlying couse last. DUE TO, OR AS A CONSEQUENCE OF PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I.	
PART 1. DEATH WAS CAUSED BY IMMEDIATE CAUSE (o) DUE TO, OR AS A SONSEQUENCE OF Conditions, if ony, which gove rise to immediate cause (o), stating the underlying cause last. DUE TO, OR AS A CONSEQUENCE OF CC. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1.	eaton, Md.
YES NO X YES	
OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) P.M. 19 21d. INJURY OCCURRED WHILE NOTIFY MEDICAL EXAMINER) VIE. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE FARM, ETC.) STREET CITY OR TOWN COUNTY	STATE
22a. I certify that (1) (this hospital) attended it. I and from APPL 19 to WHY, 19 sow the deceased alive on sow, (1) (well (did)) (with not) view the body after death of the sound from the above, (1) (well (did)) (with not) view the body after death of the sound from the above of the sound from t	
PHYSICIAN DIRECTOR DIR	DN MK
23d. BURIAL, CREMATION, REMOVAL 23b. DATE 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION CITY OR TOWN COUNTY Burial 5/29/86 Tudoan Mom Candon Olnow Maryland	STATE

DHMH - 16 60M 7/B4

BP.

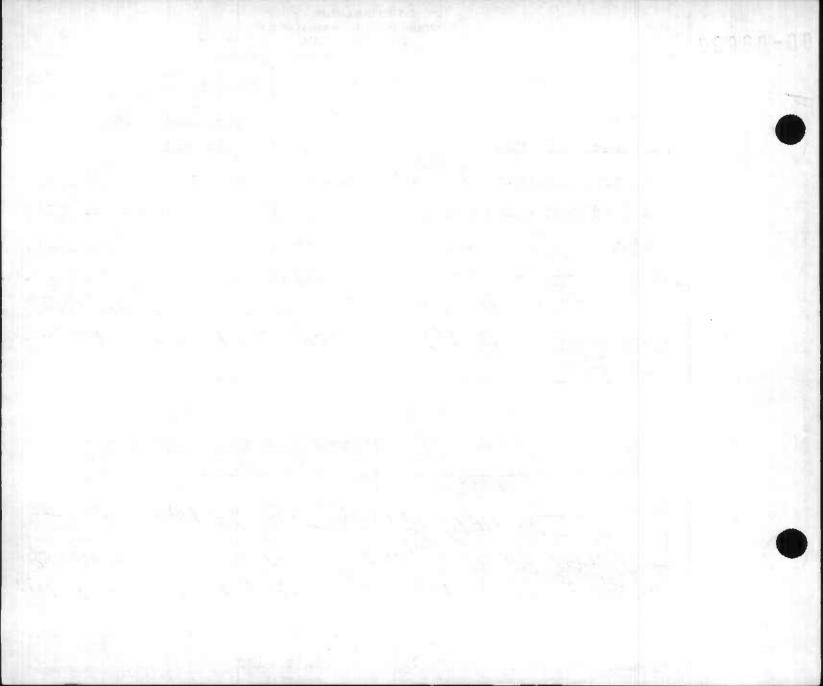
(VRA 15, 4)

TO FUNERAL DIRECTOR: After this certificate has been signed by the should be detached for use as the burial-transit permit. Then please removing the State Dept. of Health and Mental Hygiene prior to burial, arema

MPORTANT: If Hem 21 is marked or Item 18 shaws ony

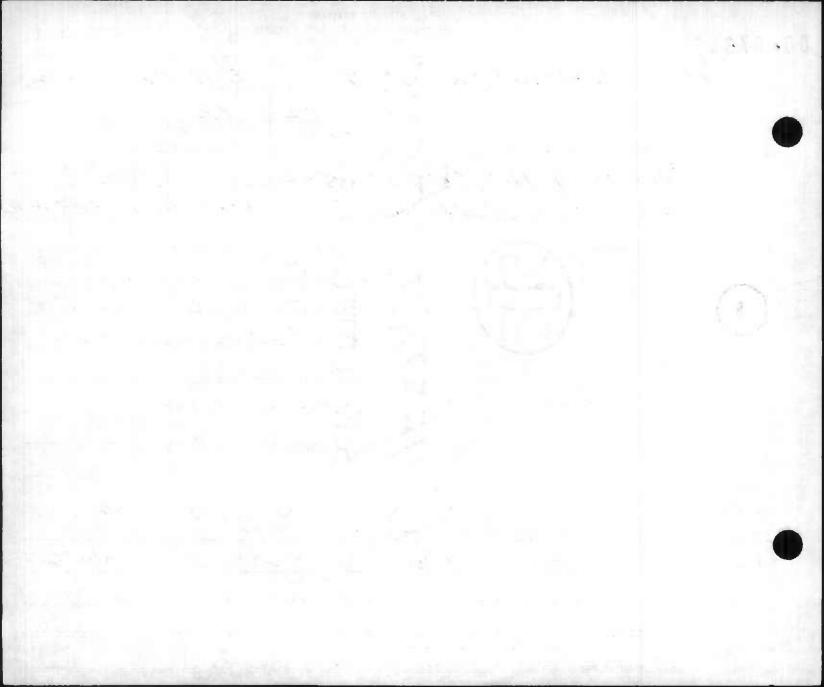
Rockville, Md. 24 FUNERAL DIRECTOR Danzansky-Goldberg Chapels; 1170 Rockville Pi

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REG. NO.				

07369	1.	FOR STATE REGISTRAR	DEPAR		EALTH AND MENTAL HYG ICATE OF DEATH	IENE 8 6	5061
oy be decit		CEASED NAME FIRST OR PRINTS OR PRINTS	ELINE CIR E	vve	AST		DAY YEAR 26 HOUR
ge 4 may be ector. page	3 SE	F	4 RACE	5 DATE (DE BIRTH	6 AGE (IN YEARS LAST BIRTHDAY) YRS	FUNDER LYEAR IF UNDER 24 HRS.
eoth. Pag nerol dire		RTHPLACE (STATE OR FOREIGN COUNTRY) Shington, D. C.	76 CITIZEN OF WHAT COUNTR	Y? 8 MARRIE WIDOWE	D NEVER MARRIED	BALTIMORE CITY OR COUNTY Montgomery	Y OF DEATH
s ofter de by the fur filed within	5	TY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURS			120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LI	126 KIND OF BUSINESS OR
filled in I	IUSU:	TATE 136 COU	ROTHER INSTITUTION GIVE RESIDENCE BEF NTY 13 CITY OR TO		13d. INSIDE CITY LIMITS?	130 STREET ADDRESS / ZIP CODE	
ed within	14. F/	THER'S NAME FIRST Aloysius	MIDDLE LAST Krall		Mary	Elizabeth	£AST
n and ca Pages		VAS DECEASED EVER IN U.S. AF	RMED FORCES? 16b SOCIAL SE VE WAR OR DATES) 577-16-		John C. Eisel		6 Estelle Road Id. 20906
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hot the death or by the attraction ass remove or i, cremation other traumotic		Conditions, if ony, which gave rise to immediate cause o), stating the underlying cause lost.	DUE TO, OR AS A CONSEGUE OF TO, OR AS A CONSEGUE TO, OR AS A CONSEGUE OF THE PROPERTY OF THE P	ille	Ohorac Ob	shelm by Sir	e logis
equires to n signed Then ple to burio	NO	PART 2 OTHER SIGNIFICANT	CONDITIONS CONTRIBUTING TO	DEATH BUT	NOT RELATED TO THE TERM	inal disease or condition given	VEN IN PART 110
on. hos bee t permit. ene prior	CERTIFICATION	190 DATE OF OPERATION	196 CONDITION FOR WHIC	H OPERATIO	N WAS PERFORMED	INCERTI	S, WERE FINDINGS USED FYING CAUSES OF DEATH? ES NO
SICIAN: T ng physici certificate mol-transi tental Hygi		21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE	ATH HOUR A.M. MONTH	DAY YEAR	21c. HOW INJURY OCCURR	ED (ENTER NATURE OF INJURY IN ITEM 18	PART I OR PART 2)
offending for this can be but the but	MEDICAL	21d INJURY OCCURRED WHILE NOT WHILE AT WORK	21e PLACE OF INJURY (ATHOME STREET FACTORY OFFICE	E FARM ETC)	211 LOCATION STREET	CITY OR TOWN	COUNTY STATE
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Al OR A or the hos al DIREC detoched by the Director of the most o		22b. SIGNATURE	eeul Of	We !	DEGREE ATTENDING PHYSICIAN	MEDICAL STAFF	271. DATE/SIGNED
O HOSPITAL efoined by th TO FUNERAL should be det with the Stote MPORTANT:		Daniel J. Bo			22e ADDRESS	Avenue Silver S	Spring, Marylan
BP OF M	23a I	URIAL, CREMATION, REMOVAL SPECIFY) Cremation			EMETERY OR CREMATORY	23d LOCATION	COUNTY Virginia
DHMH - 16 60M 7/84 (VRA 15, 4)		NERAL DIRECTOR Franc	is J. Collins. Lvd., W. Silver	Jr.	25a DATI	E REC'D. BY REGISTRAR 25b. REGIS	



3 -	1	FOR - STATE REGISTRAR				CERTIF	EALTH AND MENTAL HYGICATE OF DEATH	8 B	6. NO.	5 0	6 2
to B		CEASED NAME E OR PRINT) -/Bj(FIRST	Iva	ar	TRO	35TAD	20. DATE OF DEAT	M MONTH	9 1986	26 HOUR PM
3 6	3.5E	X	1	4. RACE		5 DATE C		6 AGE (IN YEARS LAS		IF UNDER I YEAR	IF UNDER 24 HRS
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190		IRTHPLACE (STATE OR F	OREIGN	76. CITIZEN OF	WHAT COUNTRY	8.	D NEVER MARRIED	9. BALTIMORE CIT	Y OR COUNTY	OF DEATH	
£ /		Norway		United	States	WIDOWE		Mont	me	CV C	ounty MD.
)77	10. C	ethosol	ATH		HOSPITAL, NURSI		OR OTHER INSTITUTION	12a. USUAL OCCU ITYPE OF WORK FOR MO Building	ST OF WORKING LIF	E) INDUSTRY	uction
15-	USU	AL RESIDENCE (IF NURS	ING HOME OR	OTHER INSTITUTION	GIVE RESIDENCE BEFOR	RE ADMISSION)	(c) you col			-	decion
3-95		arvland	Mont	gomerv	Bethese		13d. INSIDE CITY LIMITS? YES NOX	13e.STREET ADDRE			814
4		ATHER'S NAME	FIOITE	gomery	Deciles	ıa	15. MOTHER'S MAIDEN NA		abor ha		
150	m1	FIRST		MIDDLE	LAST		FIRST	ot Availa	510	LAS	T
3		orvald WAS DECEASED EVER	IN U.S. AR		Trogstad	URITY NO.		09 Count		Pood	
1 pe		YES, NO OR UNKNOWN)		E WAR OR DATES)	1		Sonja Daly R		,		27220
5 2		No			1108-07-1		Sonja Daly R	elasville	, NOTEII		MATE INTERVAL ONSET AND DEATH
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and or the same		Conditions, if any, gave rise to imm		(b)_	Ventri	colar	7101111	9 1 1001		1011	MUTES.
d, crem	8	cause (o), statin underlying cause	ig the	DUE TO, C	15 Cher	1	heart di	36976		y e	ars
Then pla to buric njury, o	NOI	PART 2 OTHER SIGN	VIFICANTO	Calev		DEATH BUT	NOT RELATED TO THE TERM	NINAL DISEASE OR C	ONDITION GIV	EN IN PART 10	0
S Property	IFICAT	19a DATE OF OPERA	TIÓN	19b. COND	DITION FOR WHICH	H OPERATIO	N WAS PERFORMED	200 AUTOPSY?	IN CERTIF	S, WERE FIND IN FYING CAUSES	NGS USED S OF DEATH? NO
al-Home	AL CERT	21a. ACCIDENT WAS UNE OR CONTRIBUTING (CAUSE OF DE	HOUR A	DF INJURY .M. MONTH D .M.	DAY YEAR	21c. HOW INJURY OCCUR	RED (ENTER NATURE OF	INJURY IN ITEM 18	PART 1 OR PART 2)	
the but	MEDICA	21d. INJURY OCCURI	RED	21e PLACE	OF INJURY		21f LOCATION STREET	City	DRTOWN	COUNTY	STATE
for use or of Health. 21 is mark		22a certify that (I) saw the decease obove, (I) (we) for	(this hospi	Md	4 10 19		4 9 19 86 and that in (my) (pur) opinion	death occurred on the			that (I) (ve) lost couses stated
detached ote Dept. st. il Item		22b. SIGNATURE	th	a.	1	o my		MEDICAL DIRECTOR PH	STAFF YSICIAN []	221 DATE	. 0./
APORTAN		JOSE	1	RPRINT) R	omeo i	up \	10 401 010 C	eorgefour	Rd; B	e thesdo	1, Md. 288.
- 1 5 /		BURIAL, CREMATION,	REMOVAL	23b. DATE			EMETERY OR CREMATORY	23d. LOCATION	N	COUNTY	STATE
		Crema		May 12			litan Cremato				ginia
6 60M 7/84	24 F	UNERAL DIRECTOR R	obert	A. Pum	phrey Fu	neral	Homes PA 25a DA	E REC'D. BY REGIST	RAR 25b. REGIST	TRAR'S SIGNAT	TURE
. 15, 4)	75	57 Wiscons	in Av	e., Bet	hesda, Ma	arylan		MAY, 1319	86 ,	ייייןמסיי-	-yanden
	Co	ROWER NO	1711-1	ED -1300	OY ILELEAS	ED			-		

DHMH - 16 60M 7/84 (VRA 15, 4)

-09318		FOR STATE REGISTRAR			RTMENT OF H	E OF MARYLAND EALTH AND MENTAL ICATE OF DEATH		6 REG. NO.	150	6 3
y be ge 3		CEASED NAME ELIZABE	th Masc	m Castl MASON	eman 7	AST Truitt Ruiff	2a. DATE	OF DEATH MONTH	3686	7:414 M
ge 4 may	3. SE)	Fromale	White	5	5 DATE O			N YEARS LAST BIRTHDAY) C 57 YRS	MONTHS DAYS	IF UNDER 24 HRS
death. Po	(OUNTRY) (STATE OR FOREIGN	1	FWHAT COUNTR	A WIDOWE			Many me	a t-	MD
by the filled with	B	ethesda		SUCH FACILITY, GIVE STI	REET ADDRESS)	Sortal	(TYPE OF W	LOCCUPATION ORK FOR MOST OF WORKING OMEMAKET		BUSINESS OR
filled in possible in the poss	13a. S	None None		130 CITY OR TO	OWN	134 INSIDE CITY LIMIT. YES 2 NO []		ADDRESS / ZIP CO Van Ness	St. NW	7999
omplete)			ryson .	Castle		15. MOTHER'S MAIDEN Harri		MIDDLE	Wilb	_
be execu		(AS DECEASED EVER IN U.S. A ES NO ORUNKNOWN) (IF YES, C	RMED FORCES SIVE WAR OR DATES)			Dawson Tr	uitt 49	ADDRESS 21 - 44th S	t. NW Wa	ool6 sh., DC
The law requires that the death certifican. Ite has been signed by the attending phissi permit. Then please remove carbon prigine prior to burial, cremation, or remaishaws any injury, or other traumatic even	CERTIFICATION	Conditions, if ony, which gove rise to immediate couse (0), stating the underlying couse lost. PART 2 OTHER SIGNIFICANT Light F 190 DATE OF OPERATION	DUE TO. DUE TO. DUE TO. DUE TO. CONDITIONS DUE TO. 196 CON	OR AS A CONSECUTION OR AS A CONSECUTION OF A CONTRIBUTING CONTRIBUTION FOR WH	QUENCE OF OUENCE OF IODEATH BUT JR CI	Altoholus. NOT RELATED TO THE NOTE OF THE STATE OF THE ST	TERMINAL DISE. Que AU YES	ACHORIA ASE OR CONDITION OF TOPSY? TOPSY? TOPSY? TOPSY? TOPSY? TOPSY? TOPSY?	GIVEN IN PART THE SERVICE OF THE SER	Truff SES
JING PHYSICIAN: Tor ottending physicial Affer this certificate es the buriol-transistin and Mentol Hyginorked or them 18 th	MEDICAL CE	21g. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF D (IF EITHER NOTIFY MEDICAL EXAMIN 21d. INJURY OCCURRED WHILE AT WORK AT WORK 22d. LOOK LOOK LOOK LOOK LOOK LOOK LOOK LOO	HOUR ERI 21e PLAC (AT HOME	OF INJURY A.M. MONTH P.M. E OF INJURY STREET_FACTORY, OFFI	19 ICE FARM ETC)	211 LOCATION STREET	CURRED (ENTER	CITY OR TOWN	COUNTY	STATE
TO HOSPITAL OR ATTEND retained by the hospital of TO FUNERAL DIRECTOR: should be detached for use with the Stote Dept of Heo MAPORTANT: If Item 21 is m		22a certify that (1) (this has sow the deceased alive a obove, (1) (we) (did) (did 22b. SIGNATURE WYLLY 22d. PHYSICIAN (NAME TIME)	on to the book of	[LE ()	9 84,0	DEGREE ATTENDIN PHYSICIA 22e ADDRESS	NG MEDICAN DIRECTO	STAFF OR PHYSICIAN	22c. DATE	
9 6 9 9 9 8 8 8 9 9 9 9 9 9 9 9 9 9 9 9		URIAL, CREMATION, REMOVA		2	31 NAME OF C	emetery or cremato		CATION Alexandria	COUNTY	VA STATE

74 FUNERAL DIRECTOR Joseph Gawler's Sons, Inc. NAM 5130 WI Ave. NW Wash., 100 20016

250. DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE

DHMH - 16 60M 7/84 (VRA 15, 4)

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STATE OF MARYLAND

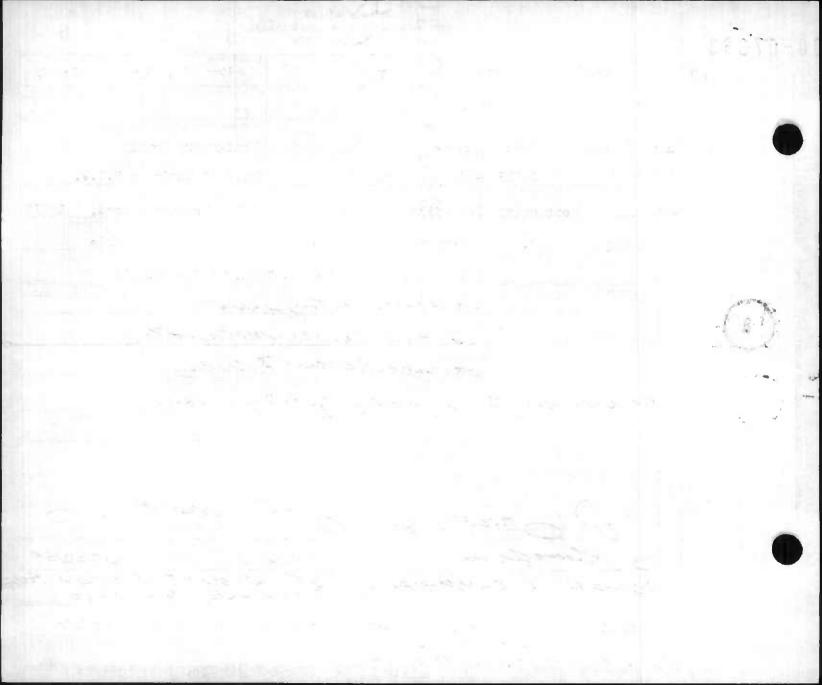
DEPARTMENT OF HEALTH AND MENTAL HYGIENE

1-	REGISTRAR				CERTIF	ICATE OF DEATH	REG. N	0.	V	
I. DE	CEASED NAME	FIRST		MIDDLE	ſ	AST		MONTH DAY	YEAR 2	h HOUR
(TYPE	OR PRINT! Wende	11	Rosc	coe	Turne	er	May 2	0, 1986		3:00A
3. SE)	K		4. RACE		5. DATE C		6. AGE (IN YEARS LAST BIR	THDAY) IF UND		FUNDER 24 P
	Male		Caucas			15, 1902 YEAR	83	YRS		AOURS A
	RTHPLACE STATE OR	FOREIGN	76. CITIZEN OF	WHAT COUNTRY?	MARRIE	D NEVER MARRIED	9 BALTIMORE CITY O	R COUNTY OF DI	EATH	
	de Island		United		WIDOWE		Montgomery			
	ty or town of deal		(IF NOT IN SU	HOSPITAL, NURSIN CHFACILITY, GIVE STREET Essington	ADDRESS)	DR OTHER INSTITUTION	12a USUAL OCCUPATION OF OF WORK FOR MOST CONTROL EN	F WORKING LIFE) IN		
	AL RESIDENCE (IF NUR		OTHER INSTITUTION		E ADMISSION)	1 13d INSIDE CITY LIMITS?	13e STREET ADDRESS			
	vland	Montg		Rockville		YES NO	14715 Essi		her	208
	THER'S NAME	Monte	omery	KOCKATITE	е	15. MOTHER'S MAIDEN NA		ington Re	au,	200
	FIRST	A	MIDDLE	LAST		FIRST	MIDDLE		LAST	
	Sydney		R.	Turner		Lena			ole	
	VAS DECEASED EVER			166 SOCIAL SECU	JRITY NO.	17. INFORMANT	ADDRI	ESS		
	YES, NO OR UNKNOWN)	(IF YES, GIVE	E WAR OR DATES]	167 05 63	270	Mildred K.	Turnor-wife-	- 500 #13		
1.	10			шол оз ол	217	miliarea k.	turner-wire-		APPROXIMA BETWEEN ON	VC 1012 CA
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300 W. Montgomery Av., Rockville, Maryland

DHMH - 16 60M 7/B4 (VRA 15, 4)

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DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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AV	VE	A.D.	2.1	MOND	-

	FOR STATE REGISTRAR		DEPARTM		EALTH AND MENTAL HYG	IENE 8 6		5 0	6	5
	1 DECEASED NAME FIRST (1995 OR PRINT) ###################################		K.	TZ 5 DATE C		20 DATE OF DEATH 5 6 AGE (IN YEARS LAST BIR	MONTH DAY 01/8 THDAY) IF U	DINDER I YEAR	O9	50 9 M
	Female	White	2	Dec.		92	YRS	HHS DAYS	HOURS N	AIN.
1	7a. BIRTHPLACE (STATE OR FOREIGN COUNTRY)		WHAT COUNTRY?		D NEVER MARRIED	9 BALTIMORE CITY C				
	Hungary 10 CITY OR TOWN OF DEATH	U.S.A		WIDOWE	DROTHER I CANTON	Montgomer		- y ,	BUSINESS	MD.
)	Chevy Chase	Bethese	da Retirer	nent	& Nursing	Teacher (R	F WORKING LIFE)	NY Sch		
1			136. CITY OR TOWN Rockvil	V	YES NO	13e STREET ADDRESS A		d,#508	(208	352)
1	14 FATHER'S NAME FIRST Bernard	MIDDLE	Kaufman		Bella	AE MIDDLE	Δ	1exande	or	
_	160 WAS DECEASED EVER IN U.S. AR	MED FORCES?	16b SOCIAL SECUE	RITY NO.	17 INFORMANT	ABS	thesda,			_
	(YES NO OR UNKNOWN) IF YES, GIV	E WAR OR DATES)	117-32-57	771	Marjorie Weis					ice;
	PART I. DEATH WAS CAUSE IMMEDIA! Conditions, if any, which gave rise to immediate cause io), stofting the underlying couse last. PART 2. OTHER SIGNIFICANT (DUE TO, O	R AS A CONSEQUEI	NCE OF	NOT RELATED TO THE TERM		DITION GIVEN	MON	7745	
	TO THE STATE OF OPERATION 2/2/96 2/2	PARTI PARTI 21b. TIME C HOUR A. 21e PLACE (AT HOME STI	ITION FOR WHICH OF AL COLECT OF INJURY M. MONTH DA M. OF INJURY REET FACTORY, OFFICE FA deceosed from 19	OPERATION Y Y YEAR 19 RM.ETC)	N WAS PERFORMED A PERIO CA 216 HOW INJURY OCCURR 216 LOCATION STREET 19 19 19 19 19 10 that in (my) (my) (my) (my) (my) (my) (my) (my)	200 AUTOPSY? YES NO	20b. IF YES, W YES [RY IN ITEM IB PART WN 19_ ate and haur on	/ERE FINDING IG CAUSES O O I OR PART 2) COUNTY	STATE at (I) (www.	E lost
	ENUARD S. 230 BURIAL, CREMATION, REMOVAL RIPPATO 1	MEHL 236. DATE	MAN		220 ADDRESS 56 25 BRH EMETERY OR CREMATORY	DLEY BLV	o. Be	THE S D	A	Mp

DHMH - 16 60M 7/84

(VRA 15, 4)

BP.

Cedar Park Cemetery

Paramus, New Jersey

5/4/86 | Cedar Park FUNERAL DIRECTOR DANZANSKY-GOLDBERG MEMORIAL CHP 1170 Rockville Pike; Rockville, Md. 20852 250. DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE

FOR STATE REGISTRAR

CTAT	TE OF	AA A	DVI	AME
SIM	IE OF	ma	VIF.	AITL

DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

	8 6 REG. N	10.	1	5	0	
F	OF DEATH	MONTH	DAY	YEAR	2h H	

3. SEX Tende To BIRTHPLACE ISTATE OR FOREIGN POTITISY I VANIA TO CITY OR TOWN OF DEATH TO CITY OR TOWN OF DEATH	MOSP,	9 BALTIMORE CITY OR COUNTY OF DEATH 120 USOF WORK FOR MOST GEWORKING LIFE) 1 SALTIMORE CITY OR COUNTY OF DEATH 121 USOF WORK FOR MOST GEWORKING LIFE) 1 DUSTRY 1 HOUSEWITE
IN CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSIN	GHOME OR OTHER INSTITUTION	125 USUAL OCCUPATION 128 VINID OF BUSINESS OR
perresaa suburban 1	ADMISSION)	
JSUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION GIVE RESIDENCE BEFORE MARKET AND 136 CONTROL AND MONTHS OF TAX	YES NO NO	35824 Destoctin Vista Drive
Eugene MIDDLE Crippen	Mary Fr	ances Molyno
160 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECU (YES 1780 RUNKNOWN) (IF YES, GIVE WAR OR DATES) 579 58		Same as #13
		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 30 MUT Clare 2 years MIMAL DISEASE OF CONDITION GIVEN IN PART 110 200 AUTOPSY? 70b. IF YES, WERE FINDINGS USED
THE STREET NOTIFY MEDICAL EXAMINER) 216. INJURY OCCURRED WHILE AT WORK 220.1 certify that (1) (this haspital) attended the deceased from	AY YEAR 19 211 LOCATION STREET , and that in (pay) (our) apinion DEGREE ATTENDING	RRED (ENTER NATURE OF INJURY IN ITEM 18 PART OR PART 2) CITY OR TOWN COUNTY STATE 272. DATE SIGNED DIRECTOR PHYSICIAN COUNTY STATE COUNTY STATE 272. DATE SIGNED COUNTY STATE COUNT
Burial 31May1986 Ced	NAME OF CEMETERY OR CREMATORY dar Hill Cemete neral Home 250. D/	I CITY OR TOWN COUNTY _ STATE

DHMH - 16 60M 7/B4 (VRA 15, 4)

BP.

MPORTANT: If Item 21 is

00-06277	FOR 1 - STATE REGISTRAR	DEPARTMENT OF H	E OF MARYLAND BEALTH AND MENTAL HYG ICATE OF DEATH	IENE 8 6 1	5067
	1 DECEASED NAME FIRST		AST	20 DATE OF DEATH MONTH DA	28 110011
by be oge 3 death	Lloy	vd Von B	laine	May 4, 1986	7:55 am
1964 To Softer post	3. SEX Male	Black 5 DATE C		7100	FUNDER LYEAR IF UNDER 24 HRS
death. For	70. BIRTHPLACE (STATE OR FOREIGN COUNTRY) Texas	76 CITIZEN OF WHAT COUNTRY? 8 MARRIE WIDOWE	D MEVER MARRIED DIVORCED	9 BALTIMORE CITY OR COUNTY O Montgomery Cou	
ofter of with distribution of the full with	10 CITY OR TOWN OF DEATH 01ney	11. NAME OF HOSPITAL, NURSING HOME C (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) Montgomery General		17a. USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFE) Self employe	126 KIND OF BUSINESS OR INDUSTRY d Export-Impor
24 hou filled m guld be must be	USUAL RESIDENCE (IF NURSING HOME O 130 STATE 136 COU MD MOI		13d INSIDE CITY LIMITS? YES NO	13e STREET ADDRESS / ZIP CODE 4409 Prince R	
mpletely on 2 sh	14 FATHER'S NAME FIRST James 1	MIDDLE LAST	15. MOTHER'S MAIDEN NAME FIRST C1	ara Manning	LAST
cate be execut ysicion and to opers. Pages I vol.	160 WAS DECEASED EVER IN U.S. AL (YES, NO OR UNKNOWN) (1F YES, GI	RMED FORCES? 16b. SOCIAL SECURITY NO. 577-34-7598	Gertrude	W. Blaine same	e as #13
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so that it is a line of please that it is a line of please that it is a line of please to other traumonic e.	Conditions, if ony, which gove rise to immediate couse (0), stating the underlying couse lost.	DUE TO, OR AS A CONSEQUENCE CO	ne Heart	Farlure	
	PART 2 OTHER SIGNIFICANT	CONDITIONS CONTRIBUTE TO DEATH BUT		INAL DISEASE OR CONDITION GIVE	N IN PART 110
H. The low requir vision. Yakion. One has been signosti permit. Then fyguene prior to b 8 shows any injury.	190. DATE OF OPERATION 210. ACCIDENT WAS UNDERLYING	196 CONDITION FOR WHICH OPERATIO	N WAS PERFORMED		WERE FINDINGS USED ING CAUSES OF DEATH?
NN: T hysici icote rronsi Hygi 18 sh	210. ACCIDENT WAS UNDERLYING	216. TIME OF INJURY HOUR A.M. MONTH DAY LEAR	21c HOW INJURY OCCURE	RED (ENTER NATURE OF INJURY IN ITEM TO PA	RT 1 OR PART 2)

21d INJURY OCCURRED 21e PLACE OF INJURY AT HOME STREET, FACTORY, OFFICE, FARM, ETC I NOT WHILE T WORK 22a. I certify thoy 28 19 76 sow the obove, (1)

211 LOCATION CITY OR TOWN COUNTY STATE and that in (my) (our) opinion death occurred on the date and hour and from the causes stated

new the body after death 226 SIGNATUR

M.D ATTENDING STAFF PHYSICIAN

Cem.

23a BURIAL, CREMATION, REMOVAL Burial

(IF EITHER NOTIFY MEDICAL EXAMINER)

23b. DATE 5-7-86

YASS

P.M.

23¢ NAME OF CEMETERY OR CREMATORY Lincoln Memorial

DEGREE

23d LOCATION Suitland, Pr.

Geo, MD

24 FUNERAL DIRECTOR

George R. Snowden

246 N. Washington 250 DATE REC'D. BY REGISTRAR 25b. REGISTRAR'S SIGNATURE ROCKVIlle, MD 208504 0 8 500

DHMH - 16 60M 7/B4 (VRA 15, 4)

TO FUNERAL DIRECTOR, After this certishould be detoched for use as the burial-with the State Dept. of Health and Menta

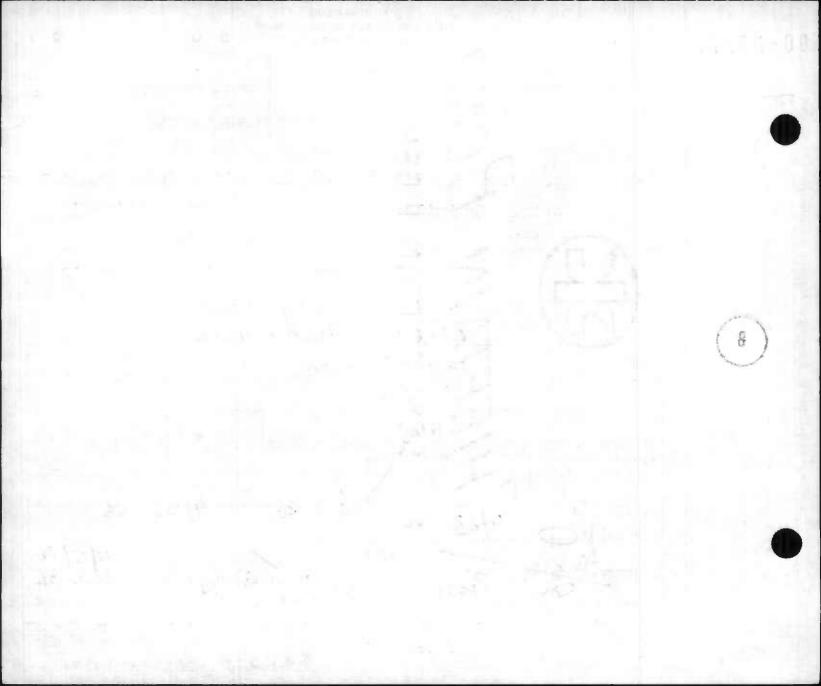
IMPORTANT. If them 21 is morked or the

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OR ATTENDING PHYSICI

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DEPARTMENT OF HEALTH AND MENTAL HYGIENE

8 6 REG. NO.	1	5	U	6	8
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BETHESDA BETHESDA WAVAL HI UAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION) GIVE RESI 1.STATE 13b. COUNTY MARYLAND MONTGOMERY RI MIDDLE OLIN RICHARD VOSSLER WAS DECEASED EVER IN U.S. ARMED FORCES? (YES. NO OR UNKNOWN) YES 18 CAUSE OF DEATH IERTER ONly ONE COUSE PER INTERPORT	S. DATE COMMITTEE STATE OF THE	DBER 17 1948 DER 17 1948 DER 17 1948 DER 19	20. DATE OF DEATH MON MAY 1 1986 6 AGE (IN YEARS LAST BIRTHDAY 37 9. BALTIMORE CITY OR CO MONTGOMERY 1700 USUAL OCCUPATION (17PE OF WORK FOR MOST OF WO) PROGRAMMER 130. STREET ADDRESS / ZIP 13015 TWINBRO ME MARY HARRIET ADDRESS ER, 3828 WENDY	YRS. DAY: VRS. DAY: OUNTY OF DEATH Y PRING LIFE) IZE KIND INDUSTR COMMI PCODE OOK PARKW. WILLIAMS LANE, SIL	MD. OF BUSINESS OR Y UNICATION AY 2085
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190 DATE OF OPERATION 196 CONDITION FO	OR WHICH OPERATIO	N WAS PERFORMED	200 AUTOPSY2 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEAT YES X NO YES X NO		
as an income of the second of	RY ONTH DAY YEAR 19	21¢ HOW INJURY OCCUR	RED (ENTER NATURE OF INJURY IN	ITEM 18 PART I OR PART 2	
OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER) P.M. 21d INJURY OCCURRED WHILE AT WORK AT WORK AT WORK AT WORK	JRY FORY, OFFICE, FARM, ETC.)	211 LOCATION STREET	CITY OR TOWN	COUNTY	STATE
220 I certify that (1) (this hospital) attended the decease of the company of the deceased of the company of th			death occurred on the date a	19 86 and hour and from th	ne causes stated
Inster 91.		DEGREE ATTENDING PHYSICIAN	MEDICAL STAFF DIRECTOR PHYSICIAN	10 21	TE SIGNED
22d. PHYSICIAN'S NAME THE COMMIT	Total and		HOSPITAL, NA		
G. A. CALLEJK, LT, MC, U	SNR	NATIONAL CAP	ITAL REGION,	BETHESDA,	MD 20814
BURIAL, CREMATION, REMOVAL 23b. DATE		EMETERY OR CREMATORY	23d LOCATION		state
CREMATION 5/3/86	METROPOL	ITAN CREMATOR	RY ALEXANDRI	IA, VÎRĞIN	IIA STATE
FUNERAL DIRECTOR RICHARD RAPP,	INC.	25a. DAT	E REC'D. BY REGISTRAR 256		

DHMH - 16 60M 7/B4 (VRA 15, 4)

BP.

TO FUNERAL DIRECTOR. After this certificate has been signed by the attending physicians should be detached for use as the burial-transit permit. Then please remove carbon papers with the State Dept of Health and Mental Hygiene prior to burial, cremation, or removal.

TO HOSPITAL OR ATTENDING PHYSICIAN: The law retained by the hospital or attending physician.

injury, ar other traumatic event, the

IMPORTANT: If them 21 is morked or them 18 shows ony

FOR

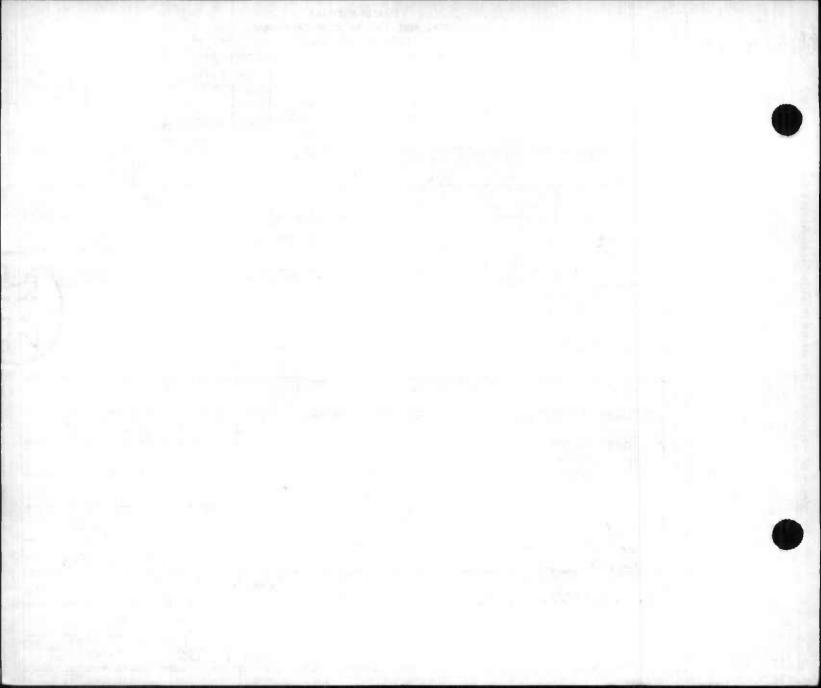
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by the funeral director. Ned within 72 hours aft

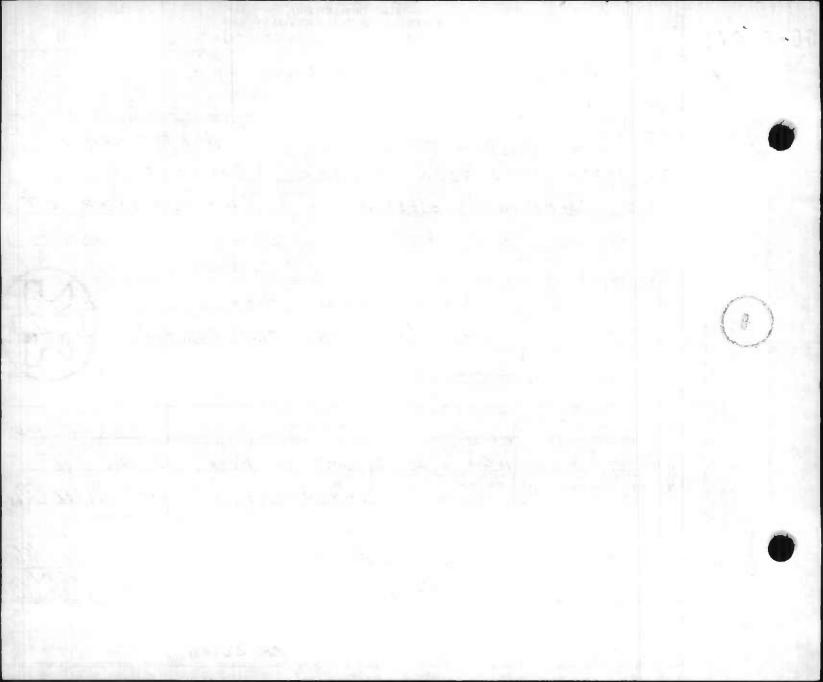
may be

requires that the death certificate be executed within 24 haurs ofter death

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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE 00-0807 - STATE REGISTRAR DECEASED NAME DATE KNOWN LIVEE OR PRINTI ESTI-DIRECTOR. DUR FILES. 72 HOURS DN STREET DEATH MATED 3 SEX DATE OF BIRTH AGE (IN YEARS IF UNDER 1 YR IF UNDER 24 HRS. DATE YEAR PRONOUNCED DEAD To BIRTHPLACE BALTIMORE CITY OR COUNTY OF DEATH NEVER MARRIED Virginia County United States IN CITY OR TOWN OF DEATH 11 NAME OF HOSPITAL NURSING HOME, OR OTHER INSTITUTION OR INDUSTRY TUDEN School School 403 13e STATE 13b. COUNTY 13d INSIDE CITY-LIMITS? 13e, STREET ADDRESS MONTGMER M. FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE Joseph Wager Margaret Mayberry MAS DECEASED EVER IN U.S. ARMED FORCES? 16h SOCIAL SECURITY NO. 17. INFORMANT ADDRESS EYES, NO. OR UNKNOWN) (IF YES, GIVE WAR OR DATES) Joseph S. Wager, same as #13 no None 18 CAUSE OF DEATH (Enter only one cause per line for (o), (b), and (c).) APPROXIMATE INTERVAL PART I DEATH WAS CAUSED BY GUNSKIOT IMMEDIATE CAUSE (o) DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which HEF MEDICAL BY USED AS A BUFIAL TO OF HEALTH AND MENTAL gave rise to immediate couse (o) stoting the under-DUE TO, OR AS A CONSEQUENCE OF lying cause lost. CREMATION, PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (g. CERTIFICATION 19a. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? EXECUTE THE CERTIFICATE, WRITING THE WORD "P PAGE 4 SHOULD BE FORWARDED TO THE CHIEF TO FUNERAL DIRECTOR; PAGE 3 SHOULD BE USED AFTER DEATH, WITH THE STATE DEPARTMENT OF HI BAHTMORE, MARYLAND, 21201 PRIOR TO BURIAL, NO D 21g. EXTERNAL CAUSE WAS 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH BOR UNDERLYING CONTRIBUTING CAUSE OF DEATH TE PLACE OF INJURY 21d INJURY OCCURRED 21f. LOCATION AT WORK AT NOT WHILE STREET, FACTORY, FARM, ETC.1 tome 220 I certify that I took charge of the remains described obave, held an Autapsy death resulted from: Hamicide Undetermined monner EXAMINER'S NAME TYPE OR PRINT 23a. BURIAL, CREMATION, REMOVAL 23d. LOCATION May 6 Burial STATE Parklawn Park Rockville 07/84 BP Maryland 74 FUNERAL DIRECT Robert A. Pumphrey Funeral Home 7557 Wisconsin Ave. Bethesda, MD 20814PA **DHMH - 17** (VR A15 ME (5))



-	1.	FOR STATE			DEPART	MENT OF H	E OF MARYLAND LEALTH AND MENTAL HYG	SIENE Q 6		12	1 7
37		REGISTRAR					ICATE OF DEATH	REG. NO		2 0	, ,
0 1		CEASED NAME	FIRST		MIDDLE	1	AST	20. DATE OF DEATH	MONTH D	YEAR YEAR	2b. HOUR
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34	13a S	il residence (if Nur tate cyland	113b COUNT	omery gomery	Rockvil		13d INSIDE CITY LIMITS? YES 🖔 NO 🗌	13. STREET ADDRESS 6121 Montr	ose Ro	oad (20)852)
5/	B4 FA	Benjamin		NIDDU	Waldman	1	15. MOTHER'S MAIDEN NA Celia	WIDDLE			sher
0 /		AS DECEASED EVER		AED FORCES?	166 SOCIAL SECT		17. INFORMANT	6121 Mone	rose R		
1/	1	NO OR UNKNOWN)	WI		113-05-1	1222	Elaine Kobli	n Rockvi	lle, M	id. 20	852
njury, ar other t	NO	gave rise to im couse (a), stati underlying caus	ng the last.	(c)_	OR AS A CONSEQUE		NOT RELATED TO THE TERM	minal disease or con	DITION GIVI	EN IN PART 1	ra
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21 is mo		22s.1 certify that to sow the deced above, (1) we'll	his hospite	1128	19.	86.	nd that in (my) (bur) opinion	death occurred on the d	ate and have	ond from the	that () (we)
1 l lbe		774 SIGNATURE	lon	und	John			MEDICAL STA	FF CIAN []		25.80
MPORTAN		774 PHYSICIAN'S N	MY ME		BASS		392// ADDRESS	Cura Bo	· w	bech :	20905
21	23a E	BURIAL, CREMATION SPECIFY) Burial	, REMOVAL	236. DATE 6-2-8			temetery or crematory ham Vet. Cem.	Upper Ma	rlboro	COUNTY M	arylan

DHMH - 16 60M 7/B4 (VRA 15, 4) 74 FUNERAL DIRECTOR DANZANSKY-GOLDBERG MEMORIAL CHAPELS IN 03 1996 July Swiden Rocky 1170 Rocky 111e; Rocky 111e, Md. 20852

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S AECESSARY, PLEASE FUNERAL DIRECTOR 5 FOR YOUR FILES. W. WITHIN Z? HOURS W. PRESTON STREET,	No	orth Dake	ota	U. S	. A.				Montgomer JAL OCCUPATION	v Cour	nt.v	N
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AFT AFT AGE		Yes	Ari	MY OR DATES)	504-74-9	599	Christ	Walker	2034 Ass	sumptio	on Drive	9
WIT WIT		18 CAUSE OF	DEATH (Enter or	nly ane cause per line	far (a), (b), and (c).)						APPROXIMA BETWEEN ONS	ATE INTERVAL
N ST		PARTIDEA	TH WAS CAUSE	D BY: TE CAUSE (a)	Hanging						BETWEEN ON	SET AND DEA
or Against			IMMEDIA		AS A CONSEQUENCE	E OF			11/16	-1-110		100
1 1 2 2 2 3			s, if any, which									
× 2000		cause (a)	stating the under-		AS A CONSEQUENCE	E OF						
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25M DHMH - 17	24	FUNERAL DIRECT	OR	ADDRESS					REGISTRAR 256 R	EGISTRAR'S	SIGNATURE	
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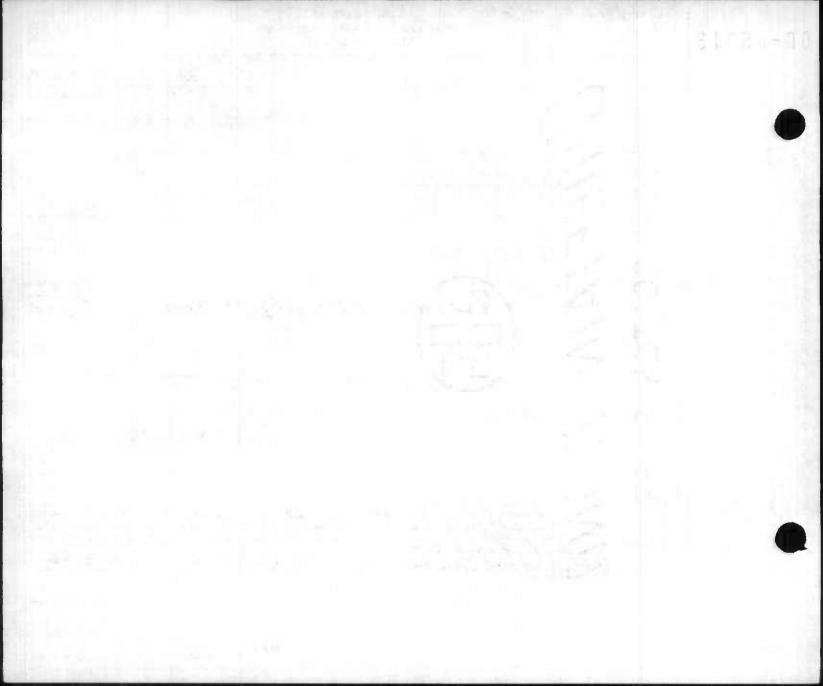
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DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201	*
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4	TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate by the haspital or attending physician.
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-05913	مر	Lydia E. FOR STATE REGISTRAR	DEPARTM	CERTIF	E OF MARYLAND EALTH AND MENTAL HYGI ICATE OF DEATH	O O REG. NO		5) / 2
. m # 16		CEASED NAME FIRST	WIDDLE		AST		MONTH DAY	YEAR	26 HOUR
oy b	3. SE)	LYDI	A E.	WAL 5. DATE C		6 AGE (IN YEARS LAST BIRT	ney 3, 1	DER I YEAR	IF UNDER 24 HRS
ctor.	J. JL/	FEMALE	WHITE	MONTH		70	MONTH:	S DAIS	HOURS MIN.
h. Pog ol dire 2 hour	(RTHPLACE (STATE OR FOREIGN	76. CITIZEN OF WHAT COUNTRY?	8	D NEVER MARRIED	9 BALTIMORE CITY O	1110	EATH	DEM NICE
de d	_	MICHIGAN TY OR TOWN OF DEATH	U.S.A. 11. NAME OF HOSPITAL, NURSIN	WIDOWE		MONTGOME		F KIND O	MD.
人数 80		ROCKVILLE	5 PENNFOREST	WAY	OR OTHER INSTITUTION	(TYPE OF WORK FOR MOST OF HOUSEWI	F WORKING LIFE) IN	DUSTRY NONE	
135	130 S	ARYLAND 136 COUN	OTHER INSTITUTION GIVE RESIDENCE BEFORE ITY GOMERY ROCKVILL	V	YES NO X	13e.STREET ADDRESS / 5 PENNFOR		20	853
12/20	4 FA	THER'S NAME AUGUST	BURALL	I	ISOLINA	MIDDLE		PELLE	EGRINI
7 7 7			E WAR OR DATES)		17 INFORMANT	ADDRE		379	
3 52 2		NO L	322-10-		MARGARET MARY	Y RYMAN, DAU	GHTER, SA		S ITEM #
equires that the death or signed by the attendial Then please remove cor' to buriol, cremation, or injury, or other traumatin	NO	Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause lost. PART 2 OTHER SIGNIFICANT C	DUE TO, OR AS A CONSEQUE (b) DUE TO, OR AS A CONSEQUE (c) CONDITIONS CONTRIBUTING TO D	NCE OF	NOT RELATED TO THE TERMI	nal disease or coni	DITION GIVEN IN	PART 110	,
on. hos bee t permit, ene prior	CERTIFICATION	190 DATE OF OPERATION	196 CONDITION FOR WHICH	OPERATIO	N WAS PERFORMED	200 AUTOPSY?	20b. IF YES, WEF IN CERTIFYING YES		
physical phy	-	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA	TH HOUR A.M. MONTH DA	Y YEAR	21¢ HOW INJURY OCCURR	ED (ENTER NATURE OF INJUR	TY IN ITEM IS PARTAL O	PART 2)	
G PHYSI other this ce is the buri	MEDICAL	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK	21e PLACE OF INJURY (AT HOME STREET, FACTORY, OFFICE, FA	-	211 LOCATION STREET	CITY OR TO	wn C	OUNTY	STATE
Spitol or complete		220.1 certify that (1) (this haspi	man, 6 19 8		nd that in (my) (ear) opinion of	, to			that (I) (we) last causes stated
HOSPITAL OR A ned by the hos FUNERAL DIRECTORES of the State Dept.		22d. PHYSICIAN'S NAME (17PE O	R. Ladish , m rederich moom	v .	DEGREE ATTENDING PHYSICIAN 1226 ADDRESS	MEDICAL STAP DIRECTOR PHYSIC	FF	5-3	SIGNED 3-86
		FREDERICK	MOOMAU, M.D.		18111 PRINCE	PHILLIP DE	R.,OLNEY	, MD.	. 20832
BP	(SURIAL, CREMATION, REMOVAL SPECIFY) BURIAL	5/7/86 AL	L SA	EMETERY OR CREMATORY INTS CEMETERY	23d LOCATION	NES ILL'Î		STATE
DHMH - 16 60M 7/84 (VRA 15, 4)	24 FL	INERAL DIRECTOR CORCOR 6150 N. CICERO	RANS FUNERAL HOME AVE.,CHICAGO, IL	: LINO:		AY 7 198	5		URE



Wisconsin Ave., Bethesda, MD

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DHMH - 16 60M 7/B4 (VRA 15. 4)

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DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201

FOR

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

8	6 REG. NO.	1	5	U	7	d
	REG. NO.					

Ι.	REGISTRAR			CERTIF	ICATE OF DEATH	REG. N	10	2 0 1	
	DECEASED NAME FIRST	• .	MIDDLE		LAST	26. DATE OF DEATH	MONTH DAY	YEAR 2b HC	DUR
		EN DAVIS	WATSON			MAY 29 19	86	2:	46 P
3. 5	SEX	4 RACE	711120011	5. DATE C		6. AGE (IN YEARS LAST BE	RTHDAY) IF U	INDER I YEAR IF UND	ER 24 HRS
	FEMALE	CAUCA	SIAN	JANU	ARY 17 1908	78	YRS	THS DAYS HOURS	MIN.
200	BIRTHPLACE (STATE OR FOREIGN	76 CITIZEN OF	WHAT COUNTRY?	8.	D NEVER MARRIED	9 BALTIMORE CITY	1110	DEATH	
1	MARYLAND	UNITED	STATES	WIDOWE		MONTGOME	RY		MD.
10	BETHESDA	(IF NOT IN SU	HOSPITAL, NURSIN CH FACILITY, GIVE STREET NAVAL HOS	IG HOME (OR OTHER INSTITUTION	126 USUAL OCCUPAT (TYPE OF WORK FOR MOST OF HOUSEWIE	ION OF WORKING LIFE)	126, KIND OF BUSI INDUSTRY	
130	UAL RESIDENCE (IF NURSING HOME STATE 131/ CO IRGINIA FAI		13c CITY OR TOW MCLEAN	N	13d. Inside City Limits?	13e STREET ADDRESS 6251 OLD D		DRIVE 9	9999
14.	FATHER'S NAME FIRST	WIDDLE	ŁAST		15 MOTHER'S MAIDEN NA	WE		LAST	
)	HORACE	M. DAVIS			LUC	Y DODSON		LM31	
160	WAS DECEASED EVER IN U.S.	ARMED FORCES?	166 SOCIAL SECU	RITY NO.	17 INFORMANT	ADDR	ESS		
	(YES, NO OR UNKNOWN) (IF YES.	-	226-44-8	418	PAUL W. WATS	ON,6251 OLD	DOMINI	ON DRIVE	. #432
MOIN	Conditions, if ony, which gove rise to immediate cause (o), stating the underlying cause last PART 2 OTHER SIGNIFICAN 190. DATE OF OPERATION	(b)		C CAN	NOT RELATED TO THE TERM				
CERTIFICATION	DATE OF OPERATION	146 COND	ITION FOR WHICH	OPERATIO	N WAS PERFORMED	206 AUTOPSY?	IN CERTIFYIN YES	G CAUSES OF DE	ATH?
	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF E (IF EITHER NOTIFY MEDICAL EXAMIT	BEATH HOUR A	DF INJURY .M. MONTH DA .M.	Y YEAR	21c. HOW INJURY OCCUR		-	0-	
MEDICAL	21d. INJURY OCCURRED		OF INJURY REET FACTORY OFFICE, FA	ARM ETC)	21f LOCATION STREET	CITY OR TO	NWN	COUNTY	STATE
	27d PHYSICIAN NAME (IV) D. S. REID,	On MAY	29 John death.	, 01	DEGREE RES	MEDICAL STA DIRECTOR PHYSIC HOSPITAL,	FF CIAN NAVAL M	at Ma	y 8C
23e	BURIAL, CREMATION, REMOVA	236. DATE	23c. N	IAME OF C	EMETERY OR CREMATORY	23d LOCATION CITY OR TOWN	cc	DUNIY	STATE

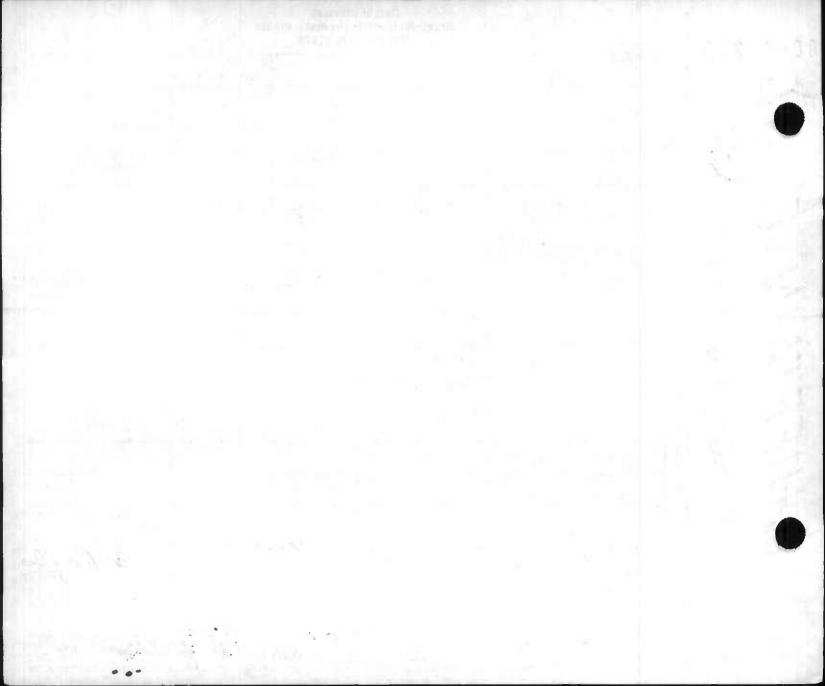
should be deteched to with the Stote Dept. of DPIMH - 16/60M 7/84 (VRA 15, 4)

24. FUNERAL DIRECTOR Murphy Funeral Home

Arlington National Arlington, Va.

1102 W. Broad ST 250 PAREGO BY REGISTRAR DE REGISTRAR SEGMENTURE

ADDRES Falls Church, Va.



should be detached with the State Dept. DHMH - 16 60M 7/B4 (VRA 15, 4)

Dyke ADDRESS 578-18-6384 Genevieve K. Bishop Waterford. Va. PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OF CONDITION GIVEN IN PART 110 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM IS PART 1 OR PART 2) CITY OF TOWN COUNTY (60T) opinion death occurred on the date and hour and from the causes stated STAFF DIRECTOR PHYSICIAN PHYSICIAN 230. BURIAL, CREMATION, REMOVAL 23c NAME OF CEMETERY OR CREMATORY Leesburg Loudoun Burial Va. Union Cemetery June 24 FUNERAL DIRECTOR 25a. DATE REC'D. BY DEGISTRAR 25b. REGISTRAR'S SIGNATURE Leesburg, Va. JUN 04 NH Funeral Colonial Home

- STATE REGISTRAR DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

STATE OF MARYLAND

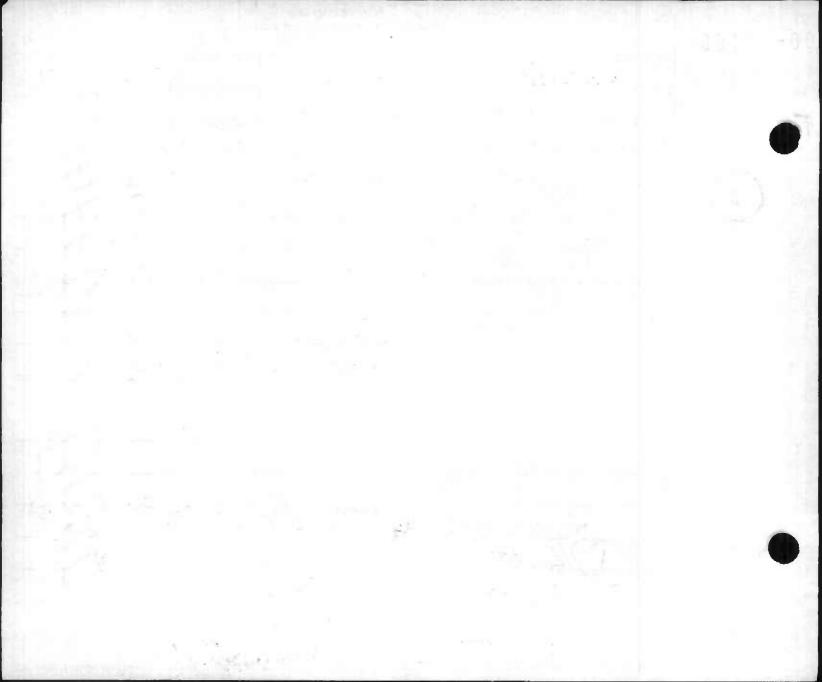
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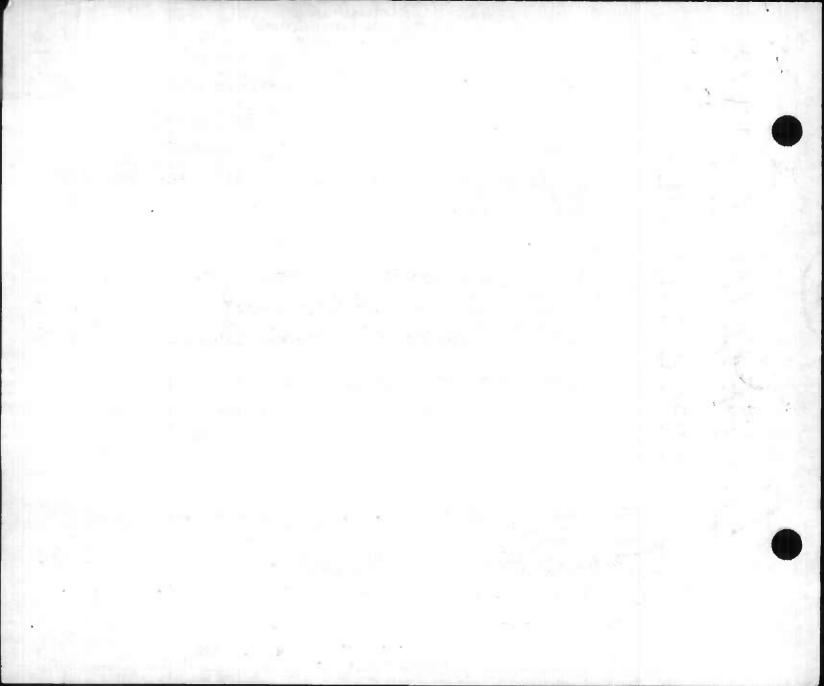
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6	1-	FOR STATE REGISTRAR		DEPART		EALTH AND MENTAL HYG ICATE OF DEATH	IENE 8 6	150	76
		CEASED NAME FIRST		MIDDLE	L	AST	20. DATE OF DEATH MO	NTH DAY YEAR	26 HOUR
1	(1117)		dred	S.	W	eaver	May 22, 19	986	7:00Am
_	1.5E)		4. RACE		5. DATE C		6. AGE (IN YEARS LAST BIRTHD)	MONTHS DAYS	IF UNDER 24 HRS
/		Female	white			5-1928	57	YRS	
1		RTHPLACE (STATE OR FOREIGN		WHAT COUNTRY?	MARRIE	D NEVER MARRIED	9 BALTIMORE CITY OR C	COUNTY OF DEATH	
\cup		Texas	USA		WIDOWE		Montgomery		MD.
9		Olney	(IF NOT IN SUC	CH FACILITY, GIVE STREET	(ADDRESS)	l Hospital	120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WIN Medical Sect	ORKING LIFE INDUSTRY	employed
-	USUA	AL RESIDENCE (IF NURSING HOME	OR OTHER INSTITUTION	, GIVE RESIDENCE BEFOR	RE ADMISSION)				emproyeu
5	Ma	,	omery	Rockvi1		13d Inside City Limits?	4709 Bready		853
5/	14 F.A	THER'S NAME FIRST Sam	MIDDLE F.	See1	ev	15. MOTHER'S MAIDEN NAME FIRST Margaret	ME	Sw	ee t
1		VAS DECEASED EVER IN U.S. A		166 SOCIAL SEC	-/-	17. INFORMANT	ADDRESS		
	()	(IF YES, C	N/A	213-24	1-3882	Fran Weaver-	daughter-(sam	e as 13e)	
1		8 CAUSE OF DEATH (Enter of PART I, DEATH WAS CAUS	only one couse per SED BY:	r line (a), (b), a	nd (c	1: +	. +	BETWEEN	ONSET AND DEATH
			ATE CAUSE (a)	Carde	orey	scratory o	rest	5,	menutes
		Conditions, if ony, which	DUE TO, O	OR AS A CONSEQU	ENCE	- Dinsia	Concelle	10	Months
Н		gove rise to immediate cause (a), stoting the	(b)_	770	PALOE OF	e o no an	- Can co c	,,,	
	7	underlying cause last.	DUE TO, O	r as a conseou	JENCE OF				
		PART 2. OTHER SIGNIFICANT		ONTRIBUTING TO	DEATH BUT	NOT RELATED TO THE TERM	INAL DISEASE OR CONDIT	ION GIVEN IN PART 1	10
	NO.								
2	CERTIFICATION	190 DATE OF OPERATION 190 CONDITION FOR WHICH OPERATION WAS PERFORMED 200 AUTOPSY?						Ob. IF YES, WERE FIND! N CERTIFYING CAUSE: YES	
-	ERT	210. ACCIDENT WAS UNDERLYING	21b. TIME C			21c. HOW INJURY OCCUR	YES NO RED (ENTER NATURE OF INJURY IN		,,,,
1	11/200	OR CONTRIBUTING CAUSE OF D	EATH	.M. MONTH D	AY YEAR				
	MEDICAL	21d INJURY OCCURRED	21e PLACE	OF INJURY	1-1	211 LOCATION	CITY OR TOWN	COUNTY	STATE
	2	ORK NOT WHILE	(AT HOME, ST	REET, FACTORY OFFICE.	FARM ETC)	SINEEL	CII) OK IOWI		STATE
		ZIO.1 certify that (1) (thXXX				14, 19.86	to May 22,	. 19-86	that (I) (W) last
		saw the deceased alive of abave, (1) (we) (did) (did)	not) view the bady		86	nd that in (my) (our) opinion	death accurred an the date	and hour and from the	causes stated
		ZE SIGNATURE	7-1		/	DEGREE ATTENDING	MEDICAL STAFF	77: DATE	SIGNED /
1		77d PWYSHCIAN'S NAME CTYPE	OR PRINT)	urly	-	PHYSICIAN PHYSICIAN	DIRECTOR PHYSICIAL	1-/	100
1		vies Lodi		0.		2901 Olney-Sa	andy Spring R	d. Olney,	Md.
		BURIAL, CREMATION, REMOVA SPECIFY) Burial	23b. DATE 5-27-19			emetery or crematory on Cemetery	Rockville	Montgome	ry st Md.

DHMH - 16 60M 7/84 (VRA 15, 4)

14 FUNERAL DIRECTOR
Hines Rinaldi Funeral Home

11800 N.H. Ave., Silver Spring, #Md.



BALTIMORE, MARYLAND 21201

DIVISION OF VITAL RECORDS, 201 W

9 1 - STATE

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

8	6 REG. NO.	1	5	0	1	1
	REG. NO.					

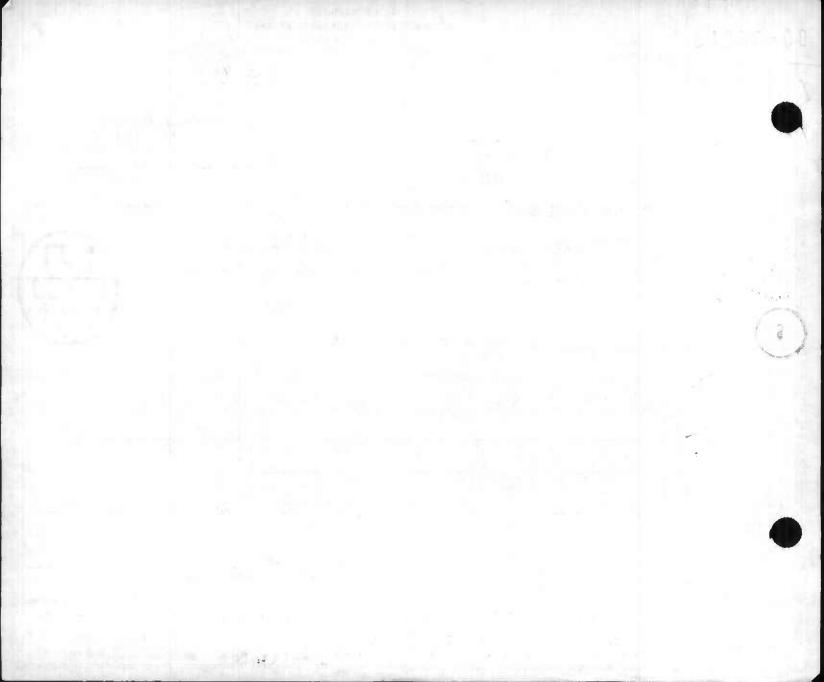
250. DATE REC'D. BY REGISTRAR 25b. REGISTRAR'S SIGNATURE

J		REGISTRAR			CERTIF	ICATE OF DEATH	REG. NO).			
	1. DECEASED NAME FIRST (TYPE OR PRINT) JOSEPH.		WEICH BROD			5-4-86	MONTH E	DAY YEAR	26. HOUR 46		
	3. SEX 4 RACE Wh:		4 RACE White			DE BIRTH 20, 1917 YEAR	6 AGE (IN YEARS LAST BIR'		MONTHS DATS	HOURS MIN.	
1		BIRTHPLACE (STATE OR FOREIGN 76 CITIZEN OF WHAT COUNTR COUNTRY U. S. A.			8. MARRIED XX NEVER MARRIED WIDOWED DIVORCED		9 BALTIMORE CITY OR COUNTY OF DEATH MONTGOMERY			MD.	
9		THESDA		OSPITAL, NURSING HOME OR OTHER INSTITUTION FACILITY, GIVE STREET ADDRESS! RURBAN HUSPITAL -			120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFE) TO USUAL OCCUPATION 12b. KIND OF BUSINESS OR INDUSTRY Private				
6	13a. S	RESIDENCE (IF NURSING HOME OF STATE 136 COUI MONT)		13c. CITY OR TOWN Silver S		13d. INSIDE CITY LIMITS? YESXXX NO	13e.STREET ADDRESS /			0903	
6	14. FA	Abraham	Weichbrod Sabir			(Unknown)					
	(YES, NO OR UNKNOWN) (IF YES, GIVE WAR OR DATES)			166 SOCIAL SECURITY NO. 17 INFORMANT 062-07-1830 Ethel Weichbi			rod (Same as # 13)				
2		PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITIONS GIVE						BETWEEN ONSET AND DEATH IMPRELIAND 5 days EN IN PART LIG			
	CERTIFICATION	GANGRENE O	F R 191	YT POOT	; Re			HEP 1	AT (C)	ns affici	
Ī	MEDICAL CER	21b. TIME OF INJURY OR CONTRIBUTING CAUSE OF DEATH OR A.M. MONTH DAY YEAR 19 21b. LOCATION STREET CITY OR TOWN COUNTY STATE Sow the deceosed alive an above, (1) (was borded) attended the deceased from above, (1) (was local) (did not) view the body after death. DEGREE 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) CITY OR TOWN COUNTY STATE OF THE NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) COUNTY STATE OF THE OF INJURY OCCURRED (ITY OR TOWN COUNTY STATE OF THE OF INJURY OCCURRED (ITY OR TOWN COUNTY STATE OF THE OF INJURY OCCURRED (ITY OR TOWN COUNTY STATE OF THE OF INJURY OCCURRED (ITY OR TOWN COUNTY STATE OF THE OF INJURY OCCURRED (ITY OR TOWN COUNTY STATE OF THE OF INJURY OCCURRED (ITY OR TOWN COUNTY STATE OF THE OF INJURY OCCURRED (ITY OR TOWN COUNTY STATE OF THE OF INJURY OCCURRED (ITY OR TOWN COUNTY STATE OF THE OF INJURY OCCURRED (ITY OR TOWN COUNTY STATE OF THE OF INJURY OCCURRED (ITY OR TOWN COUNTY STATE OF THE OF INJURY OCCURRED (ITY OR TOWN COUNTY STATE OF THE OF INJURY OCCURRED (ITY OR TOWN COUNTY STATE OF THE OF INJURY OCCURRED (ITY OR TOWN COUNTY STATE OF THE OF INJURY OCCURRED (ITY OR TOWN COUNTY STATE OF THE OF INJURY OCCURRED (ITY OR TOWN COUNTY STATE OF THE OF INJURY OCCURRED (ITY OR TOWN COUNTY STATE OF THE OCCURRED (I							STATE that (I) (we) last causes stoted		
1		122d. PHYSICIAN'S NAME (TYPE OR PRINT) THME'S A. ROSS; ROCKVILLE MD						3	BLVD,		
	23a. B	BURIAL, CREMATION, REMOVAL Cremation	236. DATE 5/5/1	1986 Met		emetery or crematory Litan Cremator	y Alexand	cia,	COUNTY V	irginia	

DONALDRMIOSTEIN HEBREW MEMORIAL FUNERAL HOME 232 CARROLL STREET, N.W., WASHINGTON, D. C.

DHMH - 16 60M 7/B4

(VRA 15, 4)



STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO MIDDLE 20 DATE OF DEATH MONTH DECEASED NAME 26 HOUR May 20, 1986 8:30 Juliet Louise Weitzel 4. RACE 5 DATE OF BIRTH & AGE (IN YEARS LAST BIRTHDAY) IF UNDER 1 YEAR 3 SEX April 29, 1912 Female White 70. BIRTHPLACE (STATE OR FOREIGN 9. BALTIMORE CITY OR COUNTY OF DEATH 76. CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED Wash., D.C. U.S.A. Montgomery County WIDOWED 10 CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 12a USUAL OCCUPATION 12b. KIND OF BUSINESS OR OT IN SUCH FACILITY, GIVE STREET ADDRESS) Public Library 3600 Tarkington Lane Silver Spring Librarian USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 130. STATE 3650 Tarkington Lane Silver Spring 20906 14. FATHER'S NAME 15 MOTHER'S MAIDEN NAME MIDDLE MIDDLE Winfield Juliet William Louise Fred Weitze. 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 17 INFORMANT LYES, NO OR UNKNOWN) (IF YES, GIVE WAR OR DATES) Helen W. Oxenham 3521 Tarkington Ln. S.S., Md APPROXIMATE INTERVAL 18 CAUSE OF DEATH (Enter only one cause per PART I. DEATH WAS CAUSED BY ugara DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gave rise to immediate cause (a), stating the DUE TO, OR AS A CONSEQUENCE OF underlying cause PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 CERTIFICATION 190 DATE OF OPERATION 19h CONDITION FOR WHICH OPERATION WAS PERFORMED 20h IF YES, WERE FINDINGS USED 20a AUTOPSY IN CERTIFYING CAUSES OF DEATH? NO YES [and Mental Hygi 216. TIME OF INJURY 71a. ACCIDENT WAS UNDERLYING 21c HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART I OR PART 2

HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH MEDICAL LIF EITHER NOTIFY MEDICAL EXAMINER PAA 21d INJURY OCCURRED 21e PLACE OF INJURY 211 LOCATION CITY OR TOWN COUNTY STATE (AT HOME, STREET, FACTORY OFFICE, FARM, ETC.) NOT WHILE AT WORK 220.1 certify that (1) (this haspital) attended the decased from sow the deceased alive an

_____, and that in (my) (our) opinion death accurred on the date and hour and from the causes stated abave, (1) (we) (did) (did not) wew the body after death 174 SISMATURE DEGREE ATTENDING. MEDICAL

220 PHIS CIAN'S NAME (TY

Olney-Sandy Spring Rd. Olney, MD 20832

PHYSICIAN DIRECTOR PHYSICIAN

Jules R. Lodish, M.D. 230 BURIAL CREMATION, REMOVAL 23c. NAME OF CEMETERY OR CREMATORY 5-22-86 Mt. Comfort Crematory Cremation

Alexandria,

Virginia

14 FUNERAL DIRECTOR JOSEPH GAWLET'S Sons, Inc. 250. DATE REC'D, BY REGISTRAR 256. REGISTRAR'S SIGNATURE 15130 WT Ave. NW Wash. 1 DC 20016 4 dia Trains a Day of

DHMH - 16 60M 7/84 (VRA 15, 4)

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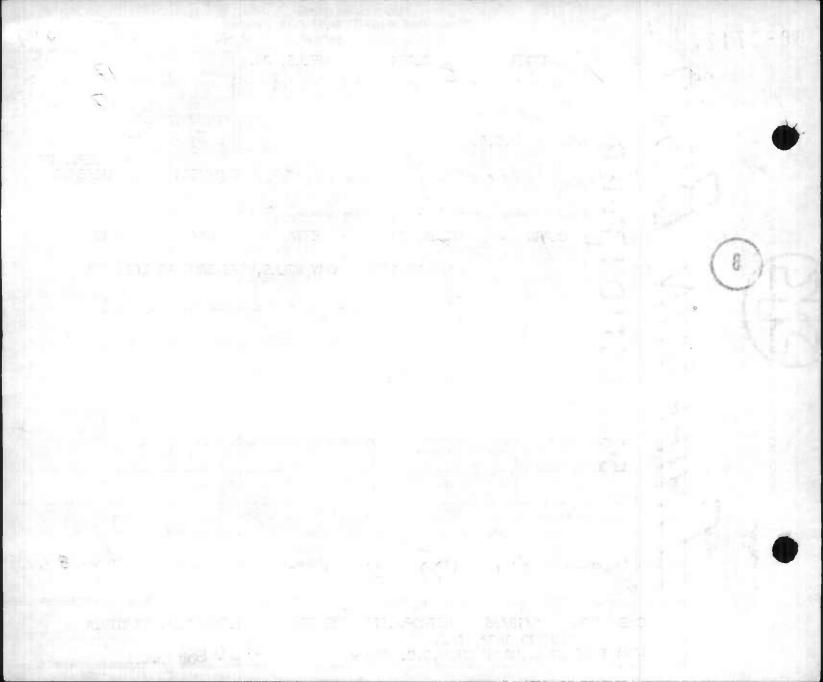
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						STAT	E OF MARYLAND					
	1.	FOR STATE REGISTRAR			DEPARTA		ICATE OF DEATH	Ü	6 3. NO.	1 5	u Ł	iù
1		CEASED NAME	FIRST		WIDDLE	i	AST	20 DATE OF DEAT	H MONTH	DAY YEAR	2b HO	JR
3	[TYPE		GENEVI	EVE	E	WEL	SH		05	15 86	3:	27AM
	3 SE			4 RACE		5. DATE C		6 AGE (IN YEARS LA	ST SIRTHDAY)	IF UNDER 1 YEA		24 HRS
		Female		White		Feb	. 10. 1911	7	5 YR	MONTHS DATE	HOURS	MIN.
505		IRTHPLACE (STATE OR	FOREIGN	76 CITIZEN OF	WHAT COUNTRY?	8	D NEVER MARRIED	9 BALTIMORE CI				
5	1	Maryland	-	US	A	WIDOWE		Mont	~~~~~			MD.
9	10 C	ITY OR TOWN OF DE	ATH	HE NOT IN SUC	HEACILITY, GIVE STREET	ADDRESS)	ROTHER INSTITUTION Hospital	12a USUAL OCCU (1YPE OF WORK FOR M	OST OF WORKIN		of Busin	ESS OR
	USU.	Olney AL RESIDENCE (IF NUR	SING HOME OR				nospitai	nouse	MTIE	1		
		Maryland	Mont	gomery	Gaithers		13d INSIDE CITY LIMITS? YES NO X	13e STREET ADDRE 23400	ss / ZIP CO Welsh	Rd. 20	379	
e	14. FA	ATHER'S NAME		MIDDLE	LAST		15 MOTHER'S MAIDEN NA	ME	16		AST	
303	0	Willia		Thomas	Lynch		Nett	ie	. A	llnutt		
medicol		WAS DECEASED EVER YES, NO OR UNKNOWN) NO		MED FORCES? E WAR OR DATES)	218-74-		Sara Myers,	23915 ^A	Log Ho	use Rd.	0879	
event, the		18 CAUSE OF DEAT PART I. DEATH V	VAS CAUSEI	ly one couse per D BY: E CAUSE (a)	Ine far (o), (b), one	1 . 6	ruptine			APPRO BETWEE	SIMATE INTE	RVAL DEATH
aumatic		Conditions, if ony		DUE TO: Q	Acute	Wag	veardial v.	nfacetro	'n		24.	his.
rothert		gave rise to immediate cause (a), stating the underlying couse lost. DUE TO, OR ASM CONSERVENCE OF ASM CONS								yea	is.	
mpry, a	NOI	PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 a										
Z	CERTIFICATION	19a DATE OF OPERA	TION	196 COND	ITION FOR WHICH	OPERATIO	N WAS PERFORMED	20a AUTOPSY? YES NO	IN CE	YES, WERE FIND RTIFYING CAUSE YES []		TH?
9		21a. ACCIDENT WAS UN OR CONTRIBUTING	CAUSE OF DEA	TH HOUR A	OF INJURY M. MONTH D. M.	AY YEAR	21¢ HOW INJURY OCCUR	RED (ENTER NATURE OF	INJURY IN ITEM	18 PART I OR PART 2		
100	MEDICAL	21d INJURY OCCUR	RED	21e PLACE	OF INJURY REET, FACTORY OFFICE F	ARM ETC)	211 LOCATION STREET	CITY	ORTOWN	COUNTY	10	STATE
21 H ma		220.1 certify that (1 sow the decease obave (1) (we)	ed olive an	mas	14 195	76 , a	nd that in (my) (aux) opinian	death occurred an t	de date and	hour and from th	e couses st	
T) If hen		27h SKGN TURE	erich	m	oman	mD.	DEGREE ATTENDING PHYSICIAN	MEDICAL DIRECTOR PH	STAFF YSICIAN []	22c. DAT	E SIGNED	86
2	1	22d. PHYSICIAN'S N	AME (TYPE O	RPRINT)			22e ADDRESS					

23c. NAME OF CEMETERY OR CREMATORY

Gate of Heaven

DHMH - 16 60M 7/84 (VRA 15, 4) 74 FUNERAL DIRECTOR Olin L. Molesworth, P. A. Apose Damascus, Md.

May 19, 1986

Moomau,

M.D.

Frederick

23a. BURIAL, CREMATION, REMOVAL (SPECIF Burial

AY 1 9 1986

Silver Spring, Md.

18111 Prince Philip Dr., Olney, Md.

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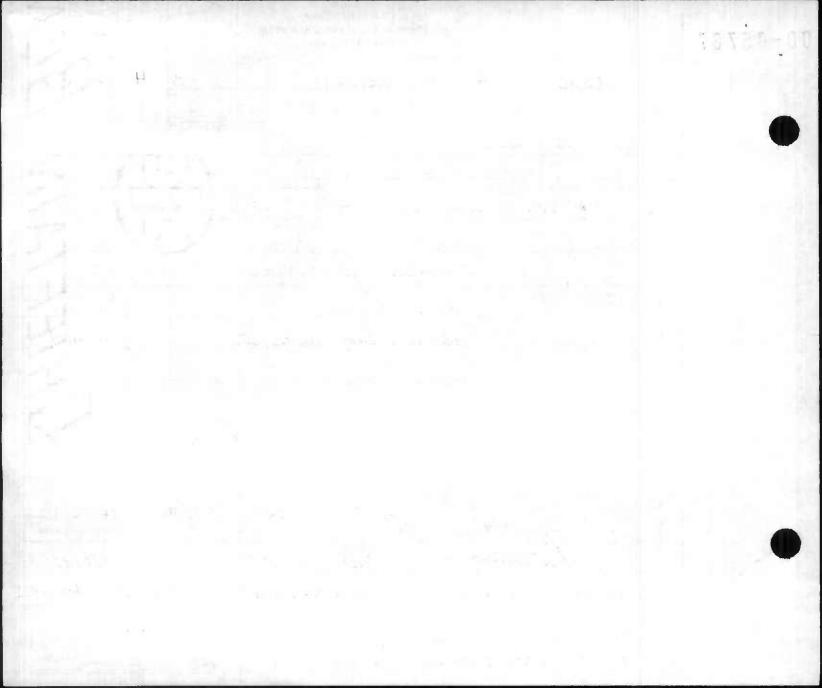
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4739 Baltimore Avenue Hyattsville, Md. 20781

Julia Drindon Randalle

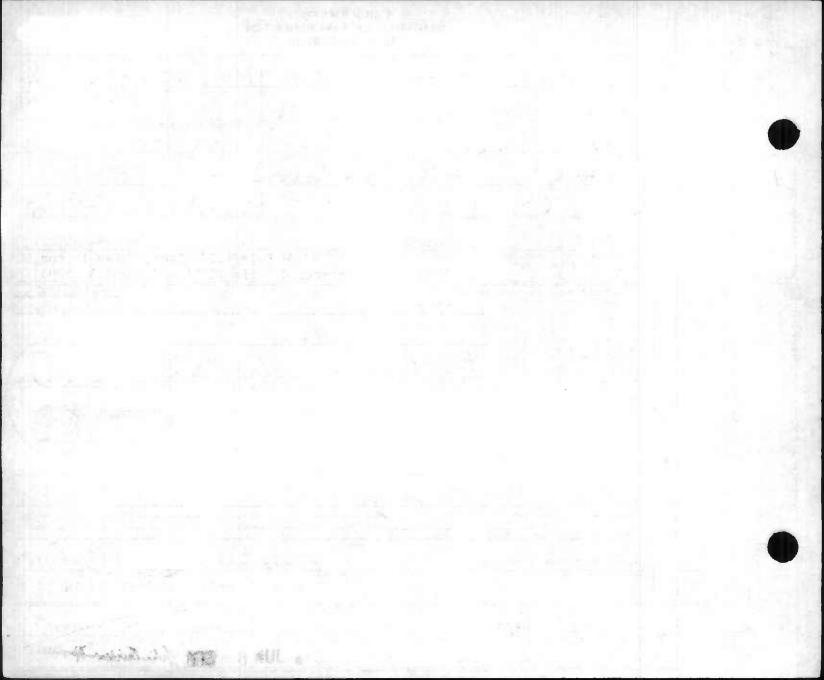
DHMH - 16 60M 7/84

(VRA 15, 4)



	1			STAT	E OF MARYLAND			
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71 24 7 = 36		CEASED UME P GESTE E OR PRIM PAR GESTE	WIDDLE	10	WHITE WHITE		ONTH DAY YEAR 2	HOUR /
Meory decorp	3. SE		4. RACE	5. DATE C	DE BIRTH	6 AGE IN YEARS LAST BIRTHD	DAY) IF UNDER 1 YEAR	F UNDER 24 HRS
s ofte	1	FEMALE	WHITE		14,1897 YEAR	88		HOURS MIN
neral dire		IRTHPLACE (STATE OR FOREIGN SOUNTRY). SHINGTON, D.C.	7b CITIZEN OF WHAT COUNTRY?		D NEVER MARRIED	9. BALTIMORE CITY OR O MONTGOM	COUNTY OF DEATH	
Somer of	10. €	OLNEY	11. NAME OF HOSPITAL, NURSING IF NOT IN SUCH FACILITY, GIVE STREET 4811 OLNEY—LAX	ADDRESS)		12a. USUAL OCCUPATION (TYPE OF WORK FOR MOST OF W H. MAKER		
1135	13a	AL RESIDENCE (IF NURSING HOME O STATE 136 COU MD. MON	R OTHER INSTITUTION GIVE RESIDENCE BEFOR NTY TGOMERY 136 CITY OR TOW OLNEY	e admission) /N	13d. INSIDE CITY LIMITS?	13e STREET ADDRESS / Z 4811 OLNEY-	IP CODE LAYTONSVILLE	20832 ROAD
	14. F.	H. OSWALD	WELTI LAST		ADELATDE	MIDDLE -	CAULFIELD	
(R)	16a	WAS DECEASED EVER IN U.S. AF	WE WAR OR DATES) 166 SOCIAL SECTION (1882) 220-44-2		JOHN W. WHIT	ADDRESS E SAME AS 7		
res that the d		Conditions, if any, which gove rise to immediate cause (a), stating the underlying cause lost	DUE TO, OR AS A CAPESOUS			OPIDIS		.S.
on. hos beer at permit. The end prior in the	CERTIFICATION	190. DATE OF OPERATION	19b. CONDITION FOR WHICH	OPERATIO	n was performed		106 IF YES, WERE FINDING N CERTIFYING CAUSES O YES	
Ectable: 1 g physic entificate entificate inal-trans intal Hyg		210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE	HOUR A.M. MONTH D	AY YEAR	21c HOW INJURY OCCURI	RED (ENTER NATURE OF INJURY IF	NITEM 18 PART I OR PART 2}	
ottendin ottendin trer this ous the bun h and Me	MEDICAL	21d INJURY OCCURRED	21e. PLACE OF INJURY (AT HOME STREET FACTORY, OFFICE.	FARM, ETC.)	21f LOCATION STREET	CITY OR JOWN	COUNTY	STATE
Spital or Spital or CTOR: A for use of Health		the Vercesser vive or	the deceosed from 19	4/	nd that in my) our) apinion	death occurred on the date	and hour and from the ch	uses stated
TAL OR y the hogh of the post		onde	a K Jewan	SCA		MEDICAL STAFF	N 5/18	2/86
TO HOSPITAL retained by the TO FUNERAL should be detinished by the State with the State IMPORTANT.		DONALD	R. LEWIS	70		MARYL	-AND Z	5832
BP		BURIAL, CREMATION, REMOVAL (SPECIFY) BITRIAL			EMETERY OR CREMATORY COLN CEMETERY	23d. LOCATION CHY OR TOWN BRENTWOOD	P. GEORGE	MD.
DHMH - 16 60M 7/84	24 F	FRANCIS H. BARB	ER LAYTONSVILLE	, MD.	711X / Y	REC'D. BY REGISTRAR 256	REGISTRAR'S SIGNATUR	(E plate

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		25			STATE OF MARYLAND		ani-altituminal
0 - 1	07609		FOR STATE REGISTRAR		CERTIFICATE OF DEATH	KEG. NO.	5 0 8 4
			CEASED NAME FIRST OR PRINT)	MIDDLE	LAST		AY YEAR 26 HOUR
	moy be poge :		J. CORDEL		WILLIAMS		L9 86 M
		3. SE		4 RACE	5. DATE OF BIRTH MONTH DAY YEAR		FUNDER LYEAR IF UNDER 24 HRS ONTHS DAYS HOURS MIN.
-	rector urs of		Female	Black	Nov. 3, 1891	94 YRS.	
	72 ho		RTHPLACE (STATE OR FOREIGN TOUNTRY) MD	76 CITIZEN OF WHAT COUNTR USA	Y? 8 MARRIED X NEVER MARRIED WIDOWED DIVORCED	9. BALTIMORE CITY OR COUNTY MONTGOMERY	OF DEATH MD.
5	s offer d	R	TY OR TOWN OF DEATH OCKVILLE	4011 Muncas	SING HOME OR OTHER INSTITUTION SEET MILL Rd.	120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFE HOUSEWIFE	12b. KIND OF BUSINESS OR INDUSTRY
ND 212	24 hour	USU.	STATE 13b. COUR	NOTHER INSTITUTION, GIVE RESIDENCE BEF NTY 136. CITY OR TO NTG. ROCKVI	13d. INSIDE CITY LIMITS?	130.STREET ADDRESS / ZIP CODE 4011 Muncaste	20853 r Mill Rd/
MARYLA	150	14 FA	THER'S NAME FIRST James	S. Cole	IS. MOTHER'S MAIDEN N FIRST Lil		LAST
IMORE	or and co	16a V	VAS DECEASED EVER IN U.S. AR (ES, NO OR UNKNOWN) (IF YES, GIV	MED FORCES? 166. SOCIAL SE 578-05	/00	9 14th Street, coleburn(neice)	NW, Wash DC 20012
BAL	physics neoper mesol	9	PART I. DEATH WAS CAUSE	nly one couse per line for (0), (b), ED BY: TE CAUSE (0)	tens heart failur	e	BETWEEN ONSET AND DEATH A MOS C
STONS			Conditions, if ony, which	DUE TO, OR ASA CONSEC	DUENCE OF		18 grs.
W PRE			gove rise to immediate couse (a), storing the underlying couse lost.	DUE TO, OR AS A CONSEC			0
15, 201	district of the state of the st	z	PART 2 OTHER SIGNIFICANT	((c)CONDITIONS CONTRIBUTING T	O DEATH BUT NOT RELATED TO THE TER	rminal disease or condition give	N IN PART 110
AL RECOR		CERTIFICATION	190 DATE OF OPERATION	196 CONDITION FOR WHI	CH OPERATION WAS PERFORMED	200 AUTOPSY? 200. IF YES, IN CERTIFY YES NOW	WERE FINDINGS USED /ING CAUSES OF DEATH? NO NO
OFVITA	7		210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE.	HOUR A.M. MONTH	DAY YEAR	JRRED (ENTER NATURE OF INJURY IN ITEM IB PA	RT TORPART 2)
IVISION	Street St	MEDICAL	21d. IN JURY OCCURRED WHILE NOT WHILE AT WORK	21e PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE	21f LOCATION STREET	CITY OR TOWN	COUNTY STATE
•	TTENDS Prof or Total of Feel		sow the deceased alive an	ottended the deceosed from	72	on death occurred on the date and hour	9 86 , that (I) (we) lost and from the couses stated
•	PAL DIRECTOR A CONTRACTOR A CON		- Frederich	mooman		MEDICAL STAFF DIRECTOR PHYSICIAN	5-20-86
	HOSPI CINED OF CINED		Frederick I		22e ADDRESS 2901 Olne	y-Sandy Spring	Rd., Olney, MI
	DE 223 87		BURIAL, CREMATION, REMOVAL		NAME OF CEMETERY OR CREMATOR	Y 23d LOCATION	
	BP		Burial		incoln Park Cem	Rockville, M	loning, MD
	DHMH - 16 60M 7/84	24 F	JNERAL DIRECTOR		ashington St. 250 D	ATE REC'D. BY REGISTRAR 256 REGISTE	AR'S SIGNATURE
ALE:	(VRA 15, 4)		George R. Snow	den Rockvill	e, MD 20850 MAY	36 400 Julia Davidson	-Nonde

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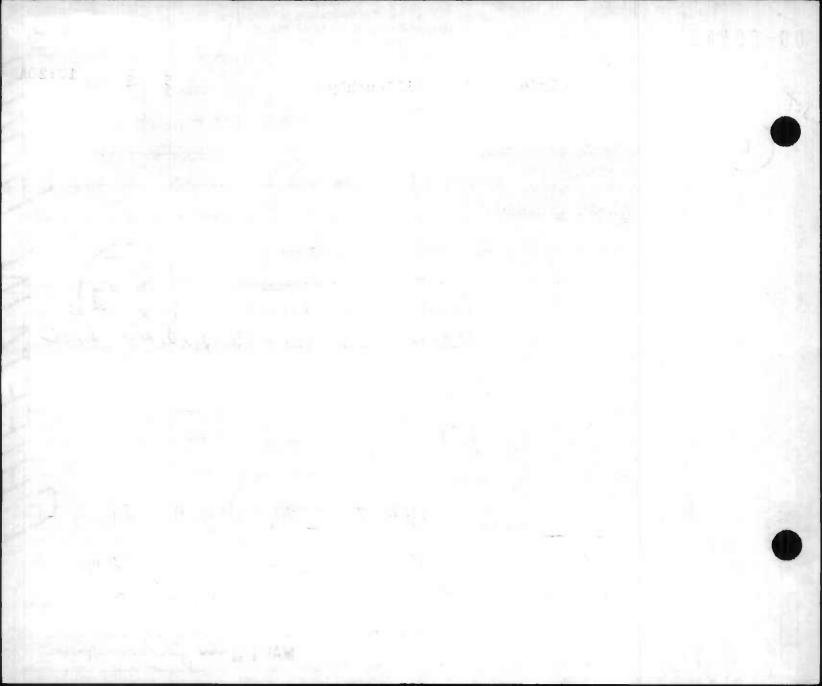
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STATE OF MARYLAND



DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MD. 21201

07/84

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STATE OF MARYLAND

DEPARTMENT	OF HEALTH AND	MENTAL HYGIES
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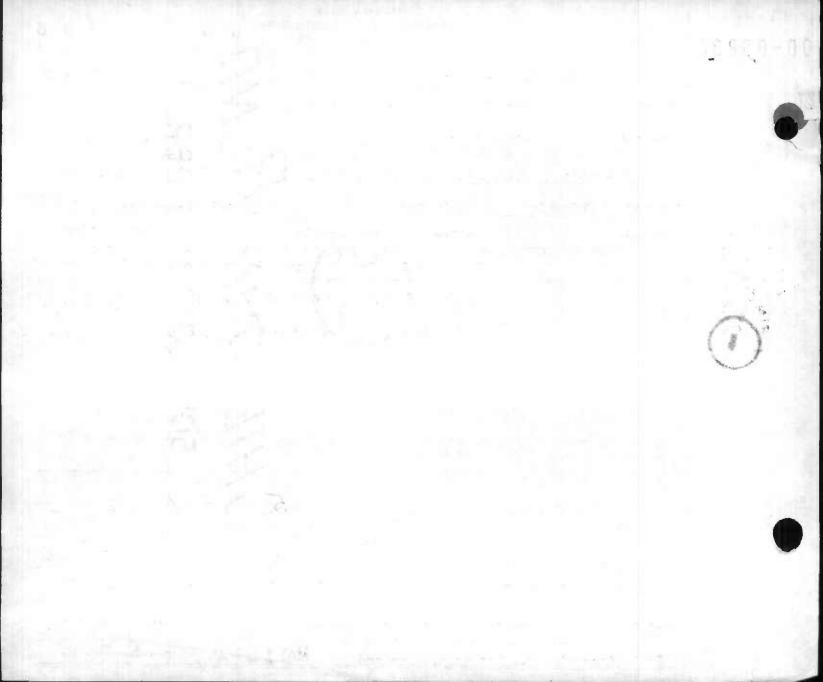
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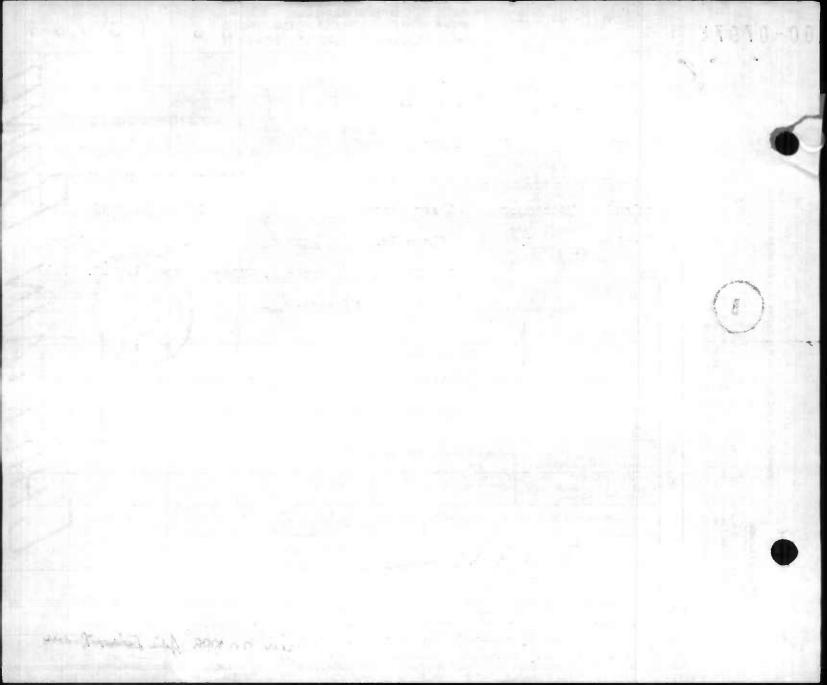
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-	PE OR PRINT)			MIODLE R.	Wilner	OF ESTI-	
SE	v	Merio Merio	CE Is date of birth	Judith 6. AGE (IN YEARS	Wilner FUNDER 1 YR. TIF UNDER 24 HI	DEATH MATED	5/ 30/ 19 8
	male	White	Jan. 8,	1943 43 YRS.	ONTHS DAYS HOURS MIN	PRONOUNCED DEAD	5/ 30/ 19 8
7a (OREIGN COUNTRY	(STATE OR	U.S.A.	M	ARRIED NEVER MARRIED DOWNED DIVORCED	9. BALTIMORE CITY O	
	Bethe	esda	5901 De	SPITAL, NURSING HOME, OR ACILITY, GIVE STREET AGORESS) EVONSHIPE Drive		USUAL OCCUPATION (TYPE FOR MOST OF WORKING LIFE) Homemaker	
13e.	AL RESIDENC STATE MD	13b. COU		136. CITY OR TOWN Bethesda	13d INSIDE CITY LIMITS? 13e	street address 901 Devonshir	20616
	Jules		MIDOLE	Rendelman	15. MOTHER'S MAIDEN NA FIRST Hannah	AME	Grow
160.	WAS DECEAS YES, NO, OR UNKN	ED EVER IN U.S. AI	RMED FORCES?	166. SOCIAL SECURITY NO. 579-54-3232	John R. Wili	ADDRESS n er Same as i	tem # 13
		ons, if ony, which	h	R AS A CONSEQUENCE OF			
z	gove couse (lying co	rise to immediat o) stating the <u>under</u> ause last.	(b) T- DUE TO, OR	R AS A CONSEQUENCE OF	SEASE DR CONDITION GIVEN IN PART 1 (a)		
TIFICATION	gove couse (lying co	rise to immediate of stating the under guse last. SIGNIFICANT CONDITION OF OPERATION	(b)	R AS A CONSEQUENCE OF BUT NOT RELATED TO THE TERMINAL DI ITION FOR WHICH OPERATION	N WAS PERFORMED?		YES [
EDICAL CERTIFICATION	gove couse (lying co	rise to immediate of stating the under guse last. SIGNIFICANT CONDITION OF OPERATION NAL CAUSE WAS	DUE TO, OR (c) 19b. CONDI 21b. TIME O HOUR A.A. 2 P.M. 21e PLACE	DUT NOT RELATED TO THE TERMINAL DI ITION FOR WHICH OPERATION IF INJURY A. MONTH DAY YEAR A. 5/30/1986 S OF INJURY (AT HOME, 7116	N WAS PERFORMED? HOW INJURY OCCURRED (EN SUbject tied pl LOCATION	ITER NATURE OF INJURY IN ITEM T8 P.	
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MEDICAL CERTIFICATION	PART 2 DINER 19a. DATE C 21a EXTERN UNDERLYIN CONTRIBU 21d INJURY WHILE AT WORK 22a. I cer deoth resu	PER CAUSE WAS IGN COLUMN OF OPERATION JAL CAUSE WAS IGN CAUSE OF OCCURRED NOT WHILE AT WORK tify that I took char Ited from: Nate	DUE TO, OR (c) 19b. CONDI 21b. TIME O HOUR A.A. 21e PLACE STREET, FAC Tge of the remoins de-	R AS A CONSEQUENCE OF ITION FOR WHICH OPERATION IF INJURY A. MONTH DAY YEAR A. 5/30/19 86 S OF INJURY (ATHOME, 21H CHORN, FARM, ETC.) COMMERCIAL STREET	N WAS PERFORMED? A HOW INJURY OCCURRED (EN SUbject tied pl LOCATION STREET 5901 Devonshire Dispersion Manual Man	astic bag over the control of the co	YES CARITORPARIZ) er head county da, Montg.,
	PART 2 DINER 19a. DATE C 21a EXTERN UNDERLYIN CONTRIBU 21d INJURY WHILE AT WORK 22a. I cer deoth resu ACTUAL SIGNATURI EXAMINER (TYPE OR PR	F OPERATION ALL CAUSE WAS IGN CAUSE OF OCCURRED NOT WHILE AT WORK Tify that I took char life from: National life from: Nati	DUE TO, OR (c) 19b. CONDI 19b. TIME O HOUR A.A. P.A. 21e PLACE STREET, FAC COTY R. Ka	R AS A CONSEQUENCE OF ITION FOR WHICH OPERATION IF INJURY A. MONTH DAY YEAR A. 5/30/19 86 S OF INJURY (ATHOME, 21H CHORN, FARM, ETC.) COMMERCIAL STREET	N WAS PERFORMED? A HOW INJURY OCCURRED (EN SUBject tied pl LOCATION STREET 5901 Devonshire Drapsy Inspection Un TITLE (SPECIFY) M.D. ASSISTANT MADDRESS 111	astic bag over the standard ov	YES CARTTORPART2) er head county da, Montg.,

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PA 7557 Wisconsin Av., Bethesda, Maryland

(VRA 15. 4)





DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR DECEASED NAME 2a DATE OF DEATH 3 SEX JANUARY 70, 1910 MALE WHITE 76 BALTIMORE CITY OR COUNTY OF DEATH 76 CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED WEST VIRGINIA USA NAME OF 13e STREET ADDRESS / ZIP CODE MARYLAND SILVER SPRING NO [805 LANARK WAY WOLF HARRY FIRST MARY 166 SOCIAL SECURITY NO 17 INFORMANT 160 WAS DECEASED EVER IN U.S. ARMED FORCES? NO ES NO OR UNKNOWN MAURICE L. WOLF. 577-03-7646 18 CAUSE OF DEATH (Enter only one couse per line for (a), (b),
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE DIVISION OF VITAL RECORDS, 201 W. PRESTON ST Conditions, if ony, which gove rise to immediate (o), stoting 190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 210 ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 216 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART) OR PART 2 HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH MEDICAL (IF EITHER NOTIFY MEDICAL EXAMINER) 216 INJURY OCCURRED 21f LOCATION 21e PLACE OF INJURY CITY OF TOWN AT HOME STREET, FACTORY, OFFICE, FARM, ETC.) TREET WHILE NOT WHILE 22a. I certify that (I) (this hospital) attended the deceased from sow the deceased alive on above, (I) (we) (did) (did not) view the body after death and that in (my) (our) opinion death occurred on the date and hour and from the causes stated

230 BURIAL CREMATION, REMOVAL 23b. DATE BURTAL 6/2/1986

226 PHYSICIAN'S NAME (TYPE OR PRINT)

DR. EUGENE P. LIBRE, M. D.

22b. SIGNATURE

23c. NAME OF CEMETERY OR CREMATORY

DEGREE

STATE OF MARYLAND

KENSINGTON MARYLAND

MOUNT LEBANON CEMETERY ADELPHI. GEORGE'S, MARYLAND

ATTENDING MEDICAL STAFF
PHYSICIAN DIRECTOR PHYSICIAN

22e ADDRESO 400 CONNECTICUT AVENUE

DONA DO M. STEIN HEBREW MEMORIALS FUNERAL HOME 232 CARROLL STREET, N. W. WASHINGTON, D. C.

250 DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE

20901

(UNASCERTAINABLE)

206. IF YES, WERE FINDINGS USED

IN CERTIFYING CAUSES OF DEATH?

276 DATE SIGNED

STATE

DHMH - 16 60M 7/84 (VRA 15, 4)

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DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALLIMORE, MARTLAND 2120		3	
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-		OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours	horasto or ottending observe
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ottending physician and car ove carbanpapers. Pages 1

for use as the burial-transit permit. Then please remave cark of Health and Mental Hygiene prior to burial, cremation, ar

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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REGISTRAR				CERTIF	ICATE OF DEATH	REG. N	0.		
1. DECEASED NAME	FIRST		MIDDLE	i i	AST	20. DATE OF DEATH	MONTH	DAY YEAR	26 HOUR
(THE OKTAIN)	Mary	Cle	ndenin	Wo	lford	May 7, 1	.986		7:20 A
3. SEX		4 RACE		5. DATE C		6 AGE (IN YEARS LAST BIR	THDAY	IF UNDER 1 YEAR	IF UNDER 24 HRS
Female		White		Marc		90	YRS.	MONTHS DAYS	HOURS MIN.
70. BIRTHPLACE (STATE COUNTRY) West Va.	OR FOREIGN	USA	WHAT COUNTRY?	WIDOWE		9. BALTIMORE CITY C		Y OF DEATH	MD
Bethesda		5681 B	ent Branc	h Rd.	OR OTHER INSTITUTION	12a USUAL OCCUPAT (TYPE OF WORK FOR MOST OF Homemake:	F WORKING L		F BUSINESS OR
USUAL RESIDENCE (# N 130, STATE MD	13b. COUN		GIVE RESIDENCE BEFORE 13c. CITY OR TOW Bethese	N	13d. INSIDE CITY LIMITS? YES 🔼 NO 🗌	13e STREET ADDRESS 5681 Ben	zip cod Brai	nch Rd.,	/20816
14. FATHER'S NAME		MIDDLE	LAS1		15. MOTHER'S MAIDEN NA	Unknown	LAST		
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220 I certify that (I) (this haspital) attended the deceased from saw the deceased alive an sow the deceased alive an above, (I) (ve) (did) (did nat) view the bady after death

3301 NM Ave. NW Wash., DC 20016

Charles P. Duvall, M.D. 230. BURIAL, CREMATION, REMOVAL

23c. NAME OF CEMETERY OR CREMATORY

23d. LOCATION

and that in (my) (aur) apinion death occurred on the date and hour and from the causes stated

MEDICAL STAFF
DIRECTOR | PHYSICIAN |

STATE

22c. DATE SIGNED

May 7, 1986

Burial 5/12/86 Arlington National Cem.

24 FUNERAL DIRECTOR JOSEPH Gawler's Sons, Inc. 250/DATE, REG BP 5130 Wisconsin Ave, NW, Washington, D.C. 20016

(SPECIFY)

ATTENDING PHYSICIAN

al Cem. Arlington, VA
250 DATE REGD. BY REGISTRAR 256 REGISTRAR'S SIGNATURE

DHMH - 16 50M 4/83 (VRA 15, 4)

TO FUNERAL DIRECTOR: A should be detached for use with the State Dept. of Healt

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DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MD. 21201

1 - STATE

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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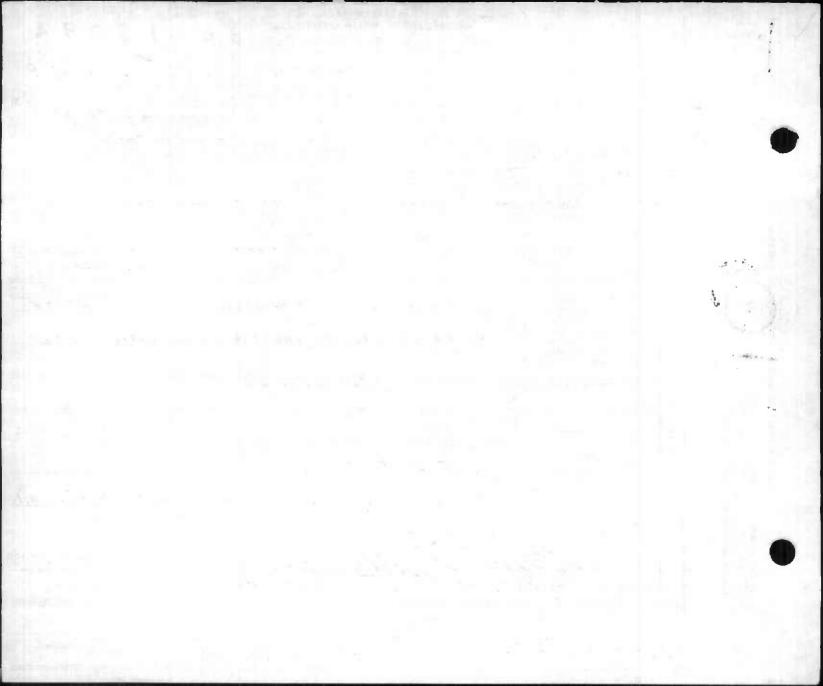
death resulted form Natural causes XX. Acident, Suicide, Homicide, Undetermined manner, ACTUAL SIGNATURE			REGISTRAR		WEI	DICAL EXAM	INFK.2	CERTIFICA	A I E OF DI	PATH RE	G. NO.	48.		14.00
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ACTUAL SIGNATURE LUCIUS THE MEDICAL EXAMINER EXAMINER'S NAME Dennis F. Smyth, M.D. ADDRESS 111 Penn St., Balto., 130 BURIAL, CREMATION, REMOVAL 1236 DATE (14 FUNERAL DIRECTOR LATNEY'S Funeral Home 1250. DATE REC'D. BY REGISTRAB 1256. REGISTRAB 131 Penn St., Balto., 132 BURIAL, CREMATION, REMOVAL 1236 DATE (14 FUNERAL DIRECTOR LATNEY'S FUNERAL HOME) 134 FUNERAL DIRECTOR LATNEY'S FUNERAL HOME 1350. DATE REC'D. BY REGISTRAB 1256. REGISTRAB			220. I certify	that Haak charge	of the remains des	#ibed abave, held a	n Auto	psy X.	nspection .	, Inquiry .	and in my o	pinian		
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3831 Georgia Avenue NW: Washington DC 20011		24 FU	NERAL DIRECT	OR LATNEY	's Funera	1 Home	414	250		BY REGISTRAR 256.	REGISTRAR'S	SIGNATU	URE	
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PAGE 4 SHOULD BE FORWARDED TO THE CHIEF MEDICAL EXAMINER ALONG W
TO FUNERAL DIRECTOR: PAGE 3 SHOULD BE USED AS A BURIAL - TRANSIT PERMIT.
AFTER DEATH, WITH THE STATE DEPARTMENT OF HEALTH AND MENTAL HYGIENE,
BATTIMORE, MARYLAND, 21201 PRIOR TO BURIAL, CREMATION, OR REMOVAL. (VR A15 ME (5))

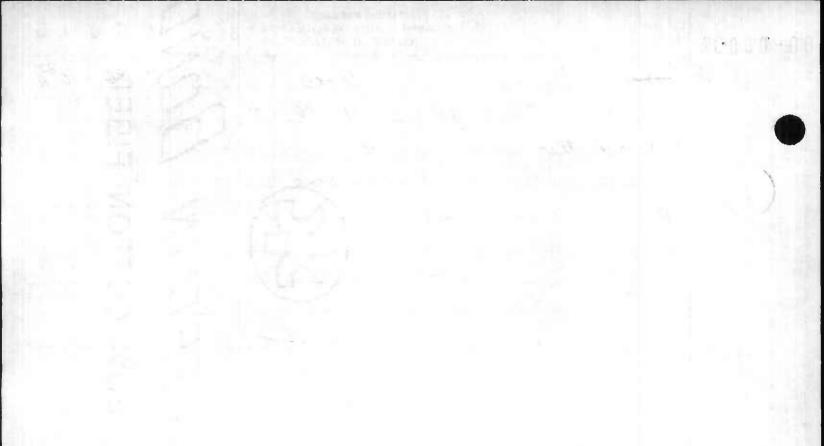
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07544		STATE REGISTRAR Gord	on H. Wood,	RTMENT OF HEALTH AND MENTAL HYPE Tr • CERTIFICATE OF DEATH	6 0 1 3 0 7 3					
. me 1/		CEASED NAME FIRST	MIDDLE	LAST	26. DATE OF DEATH MONTH DAY YEAR 26 HOUR					
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ctor, po	3. SE:	x Male	Caucasion	Jan. 30,1919	67 YRS 14 AGE (IN YEARS LAST BIRTMDAY) IF UNDER 1 YEAR IF UNDER 24 HRS.					
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on ond rs. Poge	- (YES, NO OR UNKNOWN) (IF YES, GIV	525-09-	6410 Eleanor S.	Wood Same as item # 13					
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etoined by TO FUNERA should be de with the Stot		122d PHYSICIAN'S NAME (TYPE O	BAHAR	8218 Wi	sconin Ave Bett 40					
BP	(BURIAL, CREMATION, REMOVAL SPECIFY) Cremation	5/23/86	Mt. Comfort Crematory						
DHMH - 16 60M 7/84 (VRA 15, 4)	24 FU	INERAL DIRECTOR Joseph	Gawler's Sons	, Inc. 25a DA MA	TE REC'D. BY REGISTRAR 25b. REGISTRAR'S SIGNATURE OF A STANDARD SIGNARD SIGNATURE OF A STANDARD SIGNATURE OF A STANDARD SIGNAT					

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ALTIMO AFTER D HYPORN HYPORN AGES 17	6a \	VAS DECEASED EVER ES, NO, OR UNKNOWN) Yes	IN U.S. ARME	R OR DATES)	578-36-4		i	Mae W				Raymon Maryla	
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O MEDICAL EXAN XECUTE THE CERTIL AGE 4 SHOULD B O FUNERAL DIREC FIER DEATH, WITH		EXAMINER'S NAME (TYPE OR PRINT)	Franc:	is C. Ma	yle, M.D.	KAN N			MEDICAL EX		signer nue, B	D	
07/84 BP	(urial, cremation, ^{specify)} Burial	Ju	une 2, 19	736 NAME OF 0	coln (emete:	ry	23d. LOCATION CITY OR TOWN Brent	wood	COUN	Mary	ylîänd
25M DHMH - 17 (VR A15 MF (5))	24 F	UNERAL DIRECTOR A. 7557 Wi	Robert sconsin	A. Pumph Avenue,	rey Funer Bethesda	al Hon	land		C'D. BY REGIST	- 0	SISTRAR'S SI	GNATURE	Pila x



1			STATE OF MARYLAND		
L	- STATE REGISTRAR	DEPART	MENT OF HEALTH AND MENTAL HYC CERTIFICATE OF DEATH	GIENE 8 6 REG. NO.	5 0 9 5
1 DE	CEASED NAME FIRST	WIDDLE	LAST	20 DATE OF DEATH MONTH	DAY YEAR 26 HOURS 5
	UR.	SULA	WASD	55	OG 10 AFM
3. SE	FEMALE	CAUCASIAN	S. DATE OF BIRTH	79 YRS	IF UNDER 1 YEAR IF UNDER 24 HRS
1	IRMAPLACE STATE OR FOREIGN		MARRIED NEVER MARRIED		OF DEATH
I M	GERMANY		WIDOWED DIVORCED		MD.
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MA	RYLAND MONTO	ITY 13c CITY OF TOW	PRING YES NO 12	13e.STREET ADDRESS / ZIP CODE	VENUE 20901
Lu		MIDDLE LAST	FIRST	MIDDLE	SCHWIDDER
160	WAS DECEASED EVER IN U.S. AR				ARYLAND 20901
	NO NO				
	8 CAUSE OF DEATH (Enter on	ly one couse per line ar la), (b), an			APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
			you failure		
		DUE TO, OR AS A CONSEQUI	ENCE OF		
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	cause (a), stating the underlying cause last	DUE TO, OR AS A CONSEQUE	He obuse		2
7	PART 2 OTHER SIGNIFICANT C	ONDITIONS CONTRIBUTING TO	DEATH BUT NOT RELATED TO THE TERM	AIN AL DISEASE OR CONDITION GIV	EN IN PART I a
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Dic	214 INJURY OCCURRED	21e PLACE OF INJURY	211 LOCATION		
M	WHILE NOT WHILE D	(AT HOME STREET BACTORY OFFICE P	ARM, ETC) STREET	CITY OR TOWN	COUNTY STATE
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	sow the deceased olive on obave, (1) (we) (did) (did) (did)	19 yiew the lody ofter death	, and that in (my) (our opinian	death accurred an the date and have	
	22b. SIGNATURE	40 77	DEGREE		224 DAJE SIGNED
	- Cosa	n My	ATTENDING PHYSICIAN	MEDICAL STAFF DIRECTOR PHYSICIAN	578/56
	226 PHYSICIAN'S NAME (TYPE OF	weeks d	D 6525 Beleves	+ RA Wyattsville	MD 20782
23n	BURIAL, CREMATION, REMOVAL		0110101111	23d LOCATION	
	(SPECIFY)			DU ALEXAMOTA LITE	COUNTY STATE
24 F	UNERAL DIRECTOR FRANCTS	J. COLLINS JR	25a. D.A.T	E REC'D. BY REGISTRAR 256 REGIST	ARSSIGNALLA
50	O UNIVERSITY BL	D. WEST SILVER	SPRING, MD. MA	11 8 1900	
	3. SE 3. B 8 3. SE	1 DECEASED NAME FIRST (TYPE OR PRINT) 3. SEX EMALE 1. BIRY-IPLACE ISLATE OR FOREIGN GERMANY NO CITY OR TOWN OF DEATH STATE 130. STATE (YES, NO OR INKNOWN) 160. WAS DECEASED EVER IN U.S. ARI (YES, NO OR INKNOWN) 18 CAUSE OF DEATH (Enter on PART I. DEATH WAS CAUSE) IMMEDIAT Canditions, if any, which gave rise to immediate cause (al, stating the underlying cause last) PART 2 OTHER SIGNIFICANT OF MEDICAL EXAMINER 190. DATE OF OPERATION 210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER 210. INJURY OCCURRED WHILE OR OTHER SIGNIFICANT OR OR CONTRIBUTING CAUSE OF DEATH OR OR CONTRIBUTING OR CONTRIBUTING OR CONTRIBUTING OR CONTRIBUTING OR CONTRIBUTING OR CAUSE OF DEATH OR CAUSE OF DEAT	T. DECEASED NAME I. DECEASED NAME II. DECEASED NAME III. DECEASED NAME III. SULLA 3. SEX III. NAME OF HOSPITAL, NURSING YOME OF OTHER INSTITUTION, OW RESIDENCY REFORMANY III. NAME OF HOSPITAL, NURSING YOME OF OTHER INSTITUTION, OW RESIDENCY REFORMANY III. NAME OF HOSPITAL, NURSING YOME OF OTHER INSTITUTION, OW RESIDENCY REFORMANY III. NAME OF HOSPITAL, NURSING YOME OF OTHER INSTITUTION, OW RESIDENCY REFORMANY III. NAME OF HOSPITAL, NURSING YOME OF OTHER INSTITUTION, OW RESIDENCY REFORMANY III. NAME OF HOSPITAL, NURSING YOME OF OTHER INSTITUTION, OW RESIDENCY REFORMANY III. NAME OF HOSPITAL, NURSING YOME OF OTHER INSTITUTION, OW RESIDENCY REFORMANY III. NAME OF HOSPITAL, NURSING YOUR STREET III. NAME OF HOSPITAL, NURSING YOUR STREET III. NAME OF HOSPITAL, NURSING YOUR STREET III. NAME OF HOSPITAL, NURSING YER STREET III. NAME OF HOSPITAL, NURSING YOUR STREET III. NOT HOSPITAL, NURSING YOUR STREET III. NURSING YOUR WAS NOTHED YOUR STREET III. NUMBER OF HOSPITAL, NURSING YOUR STREET III. NURSING YOUR STREET III. NUMBER OF HOSPITAL, NURSING YOUR STREET	DEPARTMENT OF HEALTH AND MENTAL HYD REGISTRAR I DECEASED NAME I DECEASE NAME I DECEASED	DEPARTMENT OF HALTH AND MENTAL HYGIENE REGISTRAR I. DEPERAGE NAME III. NAME OF HOSPITAL NURSING HONE OF OTHER RISTITUTION I. DEPERAGE NAME III. NAME OF HOSPITAL NURSING HONE OF OTHER RISTITUTION I. DEPERAGE NAME III. NAME OF HOSPITAL NURSING HONE OF OTHER RISTITUTION I. DEPERAGE NAME I. DEPART NAME I.

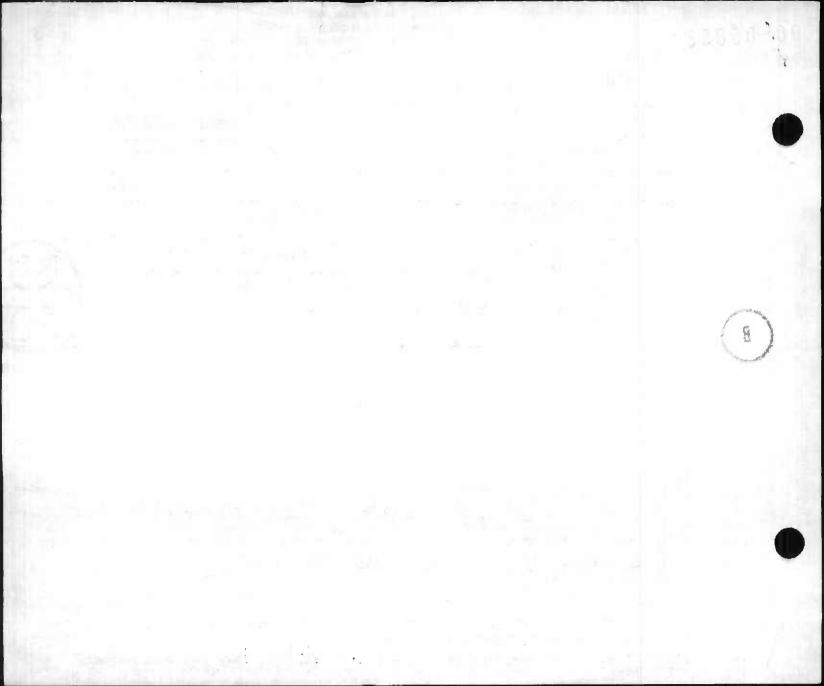


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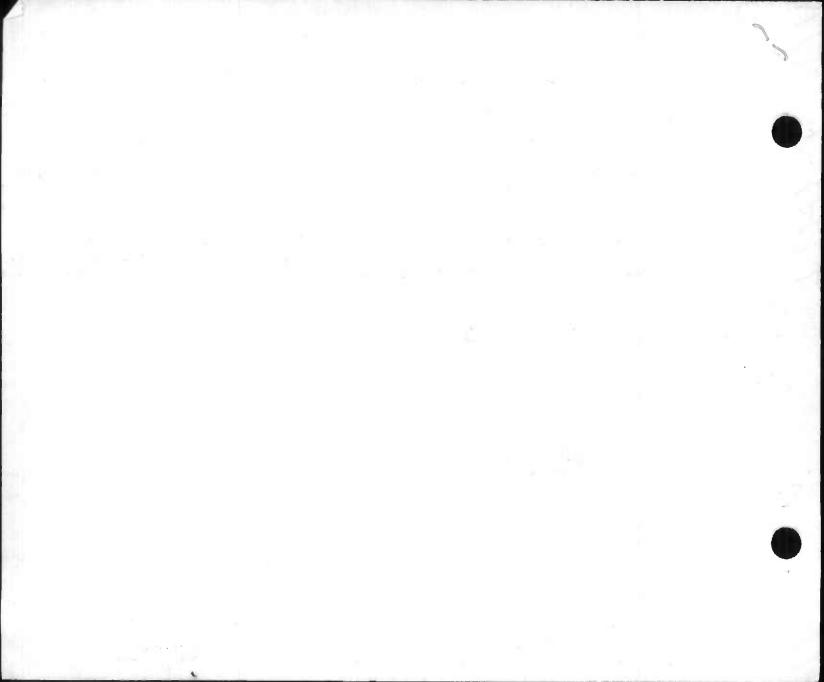
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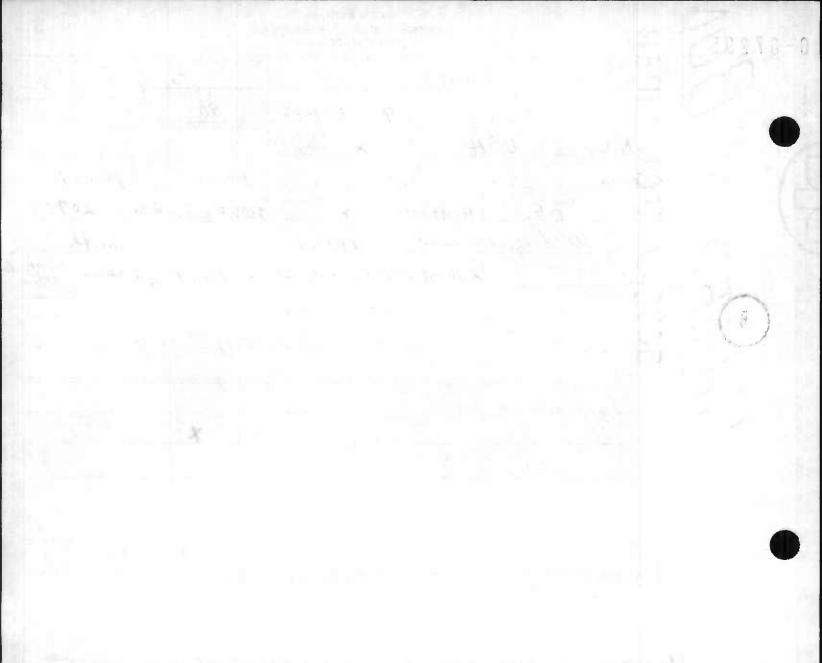
8	6 REG. NO.	1	5	0	9	5
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0-05853	1.	FOR STATE REGISTRAR		DEPART	MENT OF I	E OF MARYLAND IEALTH AND MENTAL HYG ICATE OF DEATH	IENE 8 6	5096
oy be death	(TYP)	CEASED NAME FIRST	٧.	MIDDLE W 9-	ud i	v-ard	20 DATE OF DEATH MONTH	J-86 10:00m
oge 4 mc rector. p		male	Caucas:			iary °28,1916	6 AGE (IN YEARS LAST BIRTHDAY) 70 YRS	IF UNDER 1 YEAR IF UNDER 24 HRS
unerol di hin 72 ho	Vi	RTHPLACE (STATE OR FOREIGN COUNTRY) TRINIA	United	States	MARRIE		9 BALTIMORE CITY OR COUN Montgomery Cou	inty MD
by the filed with	Ro	ckville	11409	Commonwea	îth Di	cive #101	120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING Agent	
r 24 hour filled in hould be	Ma		or other institution	ROCKVII		13d. INSIDE CITY LIMITS?		20852 alth Drive #101
oupletely 1 on 2 s		Robert	MIDDLE A.	Long		15 MOTHER'S MAIDEN NAME E.	Catherine	Hidecker
on and ?		VAS DECEASED EVER IN U.S. A YES, NO OR UNKNOWN) NO NO NO	RMED FORCES? BIVE WAR OR DATES) A	230-03-70		17 INFORMANT (Hust Clarence T. V		Commonwealth D 11e, MD 20852
trime common of the common of		18 CAUSE OF DEATH (Enter PART I. DEATH WAS CAUSED)	only one couse pe SED BY: ATE CAUSE (a)	carc w	n OW	catosis		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
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ne low requir. Son. Permit. Then ene prior to b	CERTIFICATION	Chronic O(struc	tive L	ung	Dio cuse N WAS PERFORMED	200 AUTOPSY? 20b. IF Y	ES, WERE FINDINGS USED TIFYING CAUSES OF DEATH? YES \(\cap \)
SKCIAN: The physicion of physicion certificate certificate ringl-transit term 18 sh	MEDICAL CER	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF C (IF EITHER_NOTIFY MEDICAL EXAMIN	EATH HOUR A	P.M.	AY YEAR		RED (ENTER NATURE OF INJURY IN ITEM II	
NG PHY free this os the bu th ond M orked or	MED	21d INJURY OCCURRED WHILE NOT WHILE AT WORK		OF INJURY TREET FACTORY, OFFICE, F		ZII LOCATION STREET	CITY OR TOWN	COUNTY STATE
OR ATTENDIO e hospital or DIRECTOR: A oched far use Dept of Heal		220. I certify that (1) (this has saw the deceased alive a above, (1) (we) (did) (did. 27b. SIGNATURE		11 (DEGREE	death occurred on the date and h	, 19, that (1) (we) lost our and from the causes stated 22c, DATE SIGNED
HOSPITAL med by th FUNERAL uld be dete		22d PHYSICIAN'S NAME (1YPI	111	Cook		ATTENDING PHYSICIAN DE 1220 ADDRESS	MEDICAL STAFF DIRECTOR PHYSICIAN	18/3/8G
Bb Should be sho	23e E	BURIAL, CREMATION, REMOVA	L 236 DATE	23c. N	NAME OF C	EMETERY OR CREMATORY	23d LOCATION cery Silver Spr	ring Maryland
DHMH - 16 60M 7/84 (VRA 15, 4)		UNERAL DIRECTOR Rober 57 Wisconsin A		nphrey Fur	neral	Homes, P A DAT	E REC'D. BY REGISTRAR 256 REGI	STRAR'S SIGNATURE



			STATE OF MARYLAND	
1	١,	FOR STATE	DEPARTMENT OF HEALTH AND MENTAL HYGIENE 8 6	3 9 7
0.5616	L'.	REGISTRAR	CERTIFICATE OF DEATH REG. NO.	
0000		CEASED NAME FIRST		YEAR 26 HOUR
Page 4 may be director, page 3 nours after death	[TIPE	CARL	L Grantly WOODWORTH MAY 1,198	4 122pm
a d	3. SE.	X	4 RACE S. DATE OF BIRTH 6. AGE (IN YEARS LAST BIRTHDAY) IF UNDER	LYEAR IF UNDER 24 HRS
Se 4		MALE	Caucasian June 15, 1895 YEAR 40 YRS. MONTHS	DATS TOOKS MIN.
		RTHPLACE STATE OR FOREIGN	76. CITIZEN OF WHAT COUNTRY? 8.	
Tool 720		Canada	United States WIDOWED DIVORCED DIVORCED DIVORCED DIVORCED	County MD.
5 5 6 B	10 C	TY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 120. USUAL OCCUPATION (1YPE OF WORK FOR MOST OF WORKING LIFE) INDU	(IND OF BUSINESS OR
· 电射影	Si	lver Spring	HOLY CROSS HOSPITAL Quarter Master Fee	deral Gov. t
7 50 3	USU	AL RESIDENCE (IF NURSING HOM		
7 2 2 2			Chevy Chase Kyes No 14205 East-West High	way / 20815
2		THER'S NAME	15 MOTHER'S MAIDEN NAME	
12 311		James	Henry Woodworth Jennie Lorraine	Pack
A. 15. 15.		VAS DECEASED EVER IN U.S.	S. ARMED FORCES? 166 SOCIAL SECURITY NO. 17 INFORMANT Mr William ADDRESS 1kman	
and of the control of	- (YES, NO OR UNKNOWN) (IF YES	WWI 110-03-4527 4308 Glenridge Street, Kensingto	
7 5 5				APPROXIMATE INTERVAL
7 2 2 2 2 2		PART I. DEATH WAS CAR	AUSED BY:	WEEN ONSET AND DEATH
- Ch		IMMED		
4 P 200		Caralter of a last	DUE TO, OR AS A CONSEQUENCE OF	
		Conditions, if any, which gave rise to immediate	te (i)	
# # # # # # # # # # # # # # # # # # #		cause (a), stating the underlying cause last.		
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	Z	PART 2 OTHER SIGNIFICAN	ANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN P	ART IIG
Prie prie	CERTIFICATION	19g DATE OF OPERATION	19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY? 20b. IF YES, WERE	FINDINGS USED
Jos D. S.	5	The DATE OF OLEMANON		AUSES OF DEATH?
Z 7 = 8 = 1 = 2 = -	1 =	21a. ACCIDENT WAS UNDERLYING		
ZAR PER		OR CONTRIBUTING CAUSE OF	OF DEATH HOUR A.M. MONTH DAY YEAR	
Sing of the state	MEDICAL	(IF EITHER, NOTIFY MEDICAL EXAM		
d d d b d	MED	WHILE NOT WHILE	(AT HOME STREET EACTORY OFFICE FARM ETC.) STREET CITY OR TOWN COU	INTY STATE
- 100 3 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5		AT WORK		
O O O O O O O O O O O O O O O O O O O		22a I certify that (I) (this he saw the deceased alive		, that (I) elast
The State of the S		above, (I) (we) (did) (did	ad not view the body after death.	
S S S S S S S S S S S S S S S S S S S		22b. SIGNATURE	DEGREE ATTENDING MEDICAL STAFF	DATE SIGNED
A 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4		12/1	PHYSICIAN DIRECTOR PHYSICIAN	112180
HOSPITAL ned by FUNERAL old be new Stere		224. PHYSICIAN'S NAME (TO		1 6 11 had
TO HOSPITA retained by should be de with the Steri		G. MACI	LICK Mp 11125 Lockville Pike, E	ockulle, "L
7 6 F 2 3 ₹		BURIAL, CREMATION, REMOV	236. DATE May 236. NAME OF CEMETERY OR CREMATORY 236 LOCATION CHIT OR TOWN COUNT	y STATE
BP		Cremation	2, 1986 Metropolitan Crematory Alexandria, Virg	
DHMH - 16 50M 4/83	24 F	UNERAL DIRECTOR Robe	ert A. Pumphrey Funeral Homes, 250 DATE REC'D. BY REGISTRAR'SS	IGNATURE
(VRA 15, 4)	P. A	A., 7557 Wisco	onsin Avenue, Bethesda, MD." MAY 5 1986	THE PROPERTY OF THE PARTY OF TH





	_				1	FOR
0	7	5	l	3	1	STATE REGISTRA

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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,	REG. NO.					7

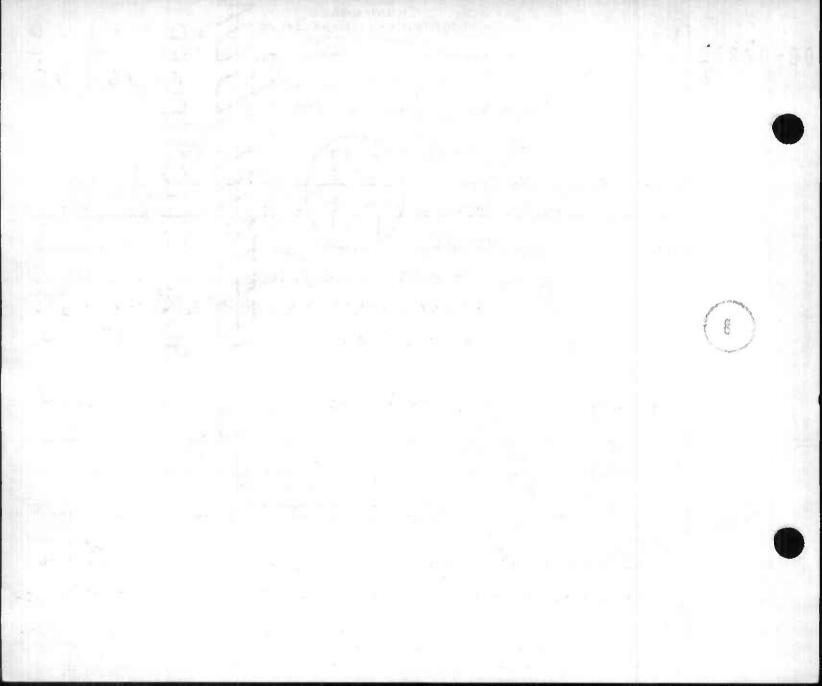
REGISTRAR				CERTII	FICATE OF DEATH	REG. 1	NO .		
1. DECEASED NAM	E FIRST		MIDDLE		LAST	20 DATE OF DEATH	MONTH DAY	YEAR	26 HOUR
(TYPE OR PRINT)	DO	ORIS HAG	Y YOUNG			MAY 21	1986		6:07
3. SEX		4. RACE			OF BIRTH	6. AGE (IN YEARS LAST B	RTHDAY) IF UN	DER TYEAR	IF UNDER 24 HR
FEMALE	TEMALE CAUCASIAN SEPTEMBER 2 1926			59	YRS	MS DAYS	HOURS MIP		
To. BIRTHPLACE (STATE OR FOREIGN	76. CITIZEN OF	WHAT COUNTRY?	8		9 BALTIMORE CITY		DEATH	
VIRGINI	A	UNITE	D STATES	WIDOW	D NEVER MARRIED DIVORCED	MONTGOM	ERY		٨
JO. CITY OR TOWN	OF DEATH	11. NAME OF	HOSPITAL, NURSIN	IG HOME	OR OTHER INSTITUTION	120 USUAL OCCUPA	TION 1	L KIND O	F BUSINESS C
BETHES	DA	IN NOT IN SUC	NAVAL HOS	PITAL	L	WARD CLE	RK	HEAL	TH CAR
USUAL RESIDENCE 130 STATE VIRGINIA	(IF NURSING HOME OF 135 ACOUNT PRINCE	NTY	GIVE RESIDENCE BEFORE 13t. CITY OR TOW WOODBRI	N	13d. INSIDE CITY LIMITS?	13e.STREET ADDRESS 14396 WE	/ ZIP CODE STMINSTE	22193 R LAN	E #11
14. FATHER'S NAM		WIDDIE	LAST		15. MOTHER'S MAIDEN NA	ME			1-07
1 11/31	FLOYD L.		(ASI		SABR	A COOPER		LAST	
160 WAS DECEASE		RMED FORCES?	166. SOCIAL SECU	RITY NO.	17 INFORMANT	ADDI	RESS	Tr.	
NO	(IF 125, G)		408-32-4	500	STEPHEN YOUNG	,14396 WES	TMINSTER	LANE	, #11,
18 CAUSE C	F DEATH (Enter of	nly one couse per	line for (o), (b), on	d (ci.)	WOODBRIDGE,				MATE INTERVAL
19a DATE OF	OPERATION	19b. COND	ITION FOR WHICH	OPERATIO	DN WAS PERFORMED	200 AUTOPSY?	20b. IF YES, WE	RE FINDING CAUSES	GS USED OF DEATH?
E T		2 24 7005	C In Landau		Tax	YES X NO	YES [NO 🗌
OR CONTRIBUT	WAS UNDERLYING [ING] CAUSE OF DE TIFY MEDICAL EXAMINE	HOUR A.	M. MONTH DA	YEAR	21¢ HOW INJURY OCCUR	RED (ENTER NATURE OF INJ	ury in ITEM 18 PART I	OR PART 2)	- ·
21d. INJURY	NOT WHILE AT WORK	21e PLACE (AT HOME STI	OF INJURY REET, FACTORY, OFFICE, F		21f. LOCATION STREET	CHTY OR I	OWN	COUNTY	STATE
sow the	deceased alive or) (we) (did) (did no	MAY	e deceosed from	MAR(86	CH 3 , 19 <u>86</u> nd that in (my) (our) opinion :	, to <u>MAY 2</u> deoth occurred on the o	1 , 19_dote and hour and		hot (I) (we) le couses stoted
22b. SIGNAT	JRE	100			DEGREE	MEDICA:		22c. DATE S	SIGNED
13	Ct	Ry			MO PHYSICIAN		CIAN	5/	22/8
	FLAX, I		USNR		NATIONAL CAR	HOSPITAL,			
230 BURIAL, CREM		23b DATE	23€ №	AME OF C	EMETERY OR CREMATORY	23d LOCATION			
(SPECIFY)	Burial	May 2	27, 1986	Ar	lington Nat	ional	rlingto	on, \	/irgir
24. FUNERAL DIREC	- 0								
N/A AAF	TOR Cunn	ingham-	-Mountca Rd. Ŵood	stle	Funeral 25 MAT	ERECO BY REGISTRA	25b. REGISTRAR	SSIGNATI	JRE

DHMH - 16 60M 7/84 (VRA 15, 4)

TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physic intould be detached for use as the burial-transit permit. Then please remove carban paper with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal

FUNERAL DIRECTOR: After this certificate has been

				STATE OF MARYLAND		
	1.	FOR STATE	DEPART	MENT OF HEALTH AND MENTAL HYG	IENE 8 6	15100
07000	1	REGISTRAR		CERTIFICATE OF DEATH	REG. NO.	
0-07368		CEASED NAME FIRST	MIDDLE	LAST	20. DATE OF DEATH MONTH	DAY YEAR 26. HOUR
a ch	(TYPE	Elizabet	·h T	Young	5~ 15.	PT GA
poge 3	3. SE		4 RACE	5 DATE OF BIRTH	6. AGE (IN YEARS LAST BIRTHDAY)	IF UNDER 1 YEAR IF UNDER 24 HRS
office.				MONTH DAY YEAR		MONTHS DATS HOURS MIN.
nge nge		emale	Caucasian		68 YRS	
h P	(RTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WHAT COUNTRY?	MARRIED X NEVER MARRIED	9 BALTIMORE CITY OR COUN	TY OF DEATH
ofter death. The funeral d within 72 h		ew York	USA	WIDOWED DIVORCED	Montgomery	MD.
with with	10. CI	TY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURSI	NG HOME OR OTHER INSTITUTION	120 USUAL OCCUPATION	126 KIND OF BUSINESS OR
The soft	Si	ever Spring	Holu Cross Hose	pital	Housewike	THE INDUSTRI
2 5 0	MSU	AL RESIDENCE HE NURSING HOME OR	OTHER INSTITUTION GIVE RESIDENCE BEFOR	RE ADMISSION)		
filled falled must	100	TATE 13b COUN			13e STREET ADDRESS / ZIP CO	
> 0		<u>ryland</u> Mont	gomery Silver S	Spring YES NO IX	10109 Portland	Road 20901
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5 0		John	P O'Connor	Mary	1000000	Lucey
n ond co Poges		VAS DECEASED EVER IN U.S. AR	RMED FORCES? 166 SOCIAL SECTION OF THE PROPERTY OF THE PROPERT	URITY NO. 17. INFORMANT	ADDRESS	
be exected on ond the state of		No	058-09-1	177 Latimer T. Y	oung Husband	Same As 13
sice person		18 CAUSE OF DEATH (Enter on	nly one cause per line for (o), (b), ar			APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
		PART I. DEATH WAS CAUSE	TE CAUSE (a) ATTE	us scher otic	HESTE D	Herre 4 4RS
- 9 (EE 9 %)		MATERIA		THE OF		
de oth		Canditions, if any, which	DUE TO, OR AS A CONSEQU	ENCEOF		17405
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\$ 5 5 5 5			(c)			
uires igne en p bur	z	PART 2 OTHER SIGNIFICANT	CONDITIONS CONTRIBUTING TO	DEATH BUT NOT RELATED TO THE TERM	INAL DISEASE OR CONDITION C	SIVEN IN PART 11a
requirements	CERTIFICATION	MARY	himorphy 10	y Perterdion	HYPE	1105102
» Sula u	S	190 DATE OF OPERATION	196 CONDITION FOR WHICH	OPERATION WAS PERFORMED		YES, WERE FINDINGS USED TIFYING CAUSES OF DEATH?
The lorician.	E E				YES NOTE	YES NO
HYSICIAN: The dring physicia prise terrificate h burial-transit Mental Hygie or them 18 sha		210. ACCIDENT WAS UNDERLYING		AY YEAR 216 HOW INJURY OCCUR	RED (ENTER NATURE OF INJURY IN ITEM)	8 PART OR PART 2}
SICIAN: ng physi certifica urial-tran tem 18	AL	OR CONTRIBUTING CAUSE OF DEA	AIN	19		
PHYSIC ending this cer the burion and Ment	MEDICAL	21d INJURY OCCURRED	21e PLACE OF INJURY	211 LOCATION		
	ž	WHILE NOT WHILE AT WORK	AT HOME STREET, FACTORY OFFICE	FARM ETC) STREET	CITY OR TOWN	COUNTY STATE
After After and			ital) ottended the deceased from	Oct. 18 1077	May 15	19 86 that (1) (we) last
ENDI tal and or use Heal						, mar in (we) last
F = 0 0 + .		share, (L) (we) (did) (did no	May 15 at) view the body after death.		death accurred on the date and h	
O = = = =		22% SIGNATURE		DEGREE		221. DATE MIGNED
7 + 1 + 0		Latane	W Jak was	ATTENDING PHYSICIAN S	MEDICAL STAFF DIRECTOR PHYSICIAN	3/16/26
HOSPITAL need by th FUNERAL JID be detent the State		22d. PHYSICIAN'S NAME (TYPE O	OR PRINT)	22e ADDRESS	,	
0 = 504 &		Runga	H FOLLEN	10400 Com	ecous are	ATHIC MOTO - ME
TO He should with the IMPO	22- 5	HIDIAL CREMATION OF	13 /ous			00 - 5/10/1-7 /30
	230. B	URIAL, CREMATION, REMOVAL SPECIFY) WUAL		NAME OF CEMETERY OR CREMATORY	23d. LOCATION CITY OR TOWN	COUNTY STATE
BP			1 May 19, 1986 Go	ite of Heaven Cemet	ery Silver Spri	ng Montgomery Md.
DHMH - 16 60M 7/84	24 FU	NAME PRACTOR Franci	s J. Collinsones	7. 25a. DAT	E REC'D. BY REGISTRAR 256. REG	ISTRAR'S SIGNATURE
(VRA 15, 4)			Lud. West Silver		V 22 1986	- WARREN -



STATE OF MARYLAND

DHMH - 16 50M 4/B2 (VRA 15, 4)

Burial

24 FUNERAL DIRECTOR

BP.

11800 N.H. Ave., Md. Hines/Rinaldi Funeral Home

May 27,1986 | Parklawn Cemetery

250. DATE REC'D. BY REGISTRAR 25b. REGISTRAR'S SIGNATURE - m sun door- pandeter

CITY OF TOWN

Rockville

Md.

Montgomery

NO I

STATE

26 HOUR

20852

12:noon

IF UNDER 24 HPS

